



Schedule of Fees

CLINICAL SERVICE	CPT CODE	RATE
Initial Assessment & Treatment Planning (60 mins)	90791	\$228.93
Individual Therapy (45 mins)	90834	\$146.74
Individual Therapy (30 mins)	90832	\$111.85
Individual Therapy (60 mins)	90837	\$222.40
Family Session, client present (50 mins)	90847	\$167.73
Family Session, client not present (50 mins)	90846	\$162.18

Other Fees (NOT covered by insurance)*	Cost
Late cancellation/no show fee (less than 24 hours' notice)	\$50
Medical records request	<ul style="list-style-type: none"> • \$0.50 per page + postage and handling, maximum \$75 • \$22.88 preparation fee (to send to other than patient or another provider)
Completion of documents (FMLA, disability, summary letters, etc)	\$25 + \$5 each additional page, \$50 max

**Other fees and costs may arise pending needs and circumstances and will be discussed in advance (ex. subpoenas, etc).*