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SCHEDULE OF CHARGES

Effective January 1, 2017

CPT code	Service	Charge
90791	Diagnostic evaluation (55 min)	\$ 200.00
90832	Psychotherapy (30 min)	\$ 130.00
90834	Psychotherapy (45 min)	\$ 180.00
90837	Psychotherapy (55 min)	\$ 180.00
90846	Family psychotherapy (w/o patient; 50 min)	\$ 180.00
90847	Family psychotherapy (w/ patient; 50 min)	\$ 180.00
90882	Multidisciplinary school conference (per hour)	\$ 250.00
90885	Evaluation of records/reports (per 15 min)	\$ 50.00
90889	Report preparation/letter writing (15 min; self-pay)	\$ 50.00
96101	Psychological testing/interpretation (per unit)	\$ 125.00
96111	Developmental testing (per unit)	\$ 200.00
98967	Telephone consultation (11-21 min; pt. initiated)	\$ 50.00
98968	Telephone consultation (21-30 min; pt. initiated)	\$ 100.00
90889	Tele-therapy (50 mins; self-pay service)	\$ 180.00
	Late cancellation/no show	\$ 100.00

Rates are adjusted to those established by insurance contracts if I am a participating provider for the particular service within the plan. Not all services are covered by insurance.