

Renewing for Life Counseling FEE SCHEDULE 2026
Effective 01/01/26

Insurance: This counseling practice is not contracted with any insurance plan. All insurance carriers and plans consider this practice an "out-of-network" provider; client will be responsible for submitting a claim if they choose. This practice can accept HSA (Health Savings Account) card and FSAS (Flex Spending Account) payments.

Any clients interested in utilizing their insurance benefits are directed to contact their insurance company to learn about their specific "Out of network mental health benefits." Upon request of Renewing for Life Counseling, PLLC, you will be provided with a superbill (a medical invoice of services paid), issued monthly. Please be aware that submitting such a claim to your insurance requires a mental health diagnosis be provided which becomes part of your permanent medical history and records.

Payment is due at time of service. Checks & Cash preferred, or Credit/Debit, and HSA or FSA cards accepted—Please make checks payable to Renewing for Life Counseling. Your card will be requested to be securely kept on file (via Square).

Type of Session Fees

CPT CODE Type of Session Fees

CPT Coded sessions *may* be covered by insurance with proper Mental Health Diagnosis—please complete and fully read the disclosure on the attached insurance form.

90791 Initial Evaluation and Assessment (90 minutes)	\$ 200.00
90834 Individual Therapy (45 minutes)	\$ 140.00
90837 Individual Therapy (60 minutes)	\$ 150.00
+ 99354 Additional 30 minutes	+70.00
90846/7 Family or Marital Therapy (60 minutes)	\$ 170.00
90853 Group Psychotherapy (per session, per individual)	\$ 75.00

The following separate charges will be billed and noted on your superbill and are NOT covered by insurance:

***Therapy conducted at inpatient psychiatric facility (if facility approves) will be charged a \$60 travel fee for each session.**

***Evening (appointments 5p.m. or later) appointments will be charged an additional \$30.**

***Phone calls (e.g. for crisis intervention, not simple scheduling or billing questions) will be charged \$40/per 15 minutes**

***Letters written at clients request or forwarding of records = \$50**

***COURT APPERANCE—Court ordered only Fees: \$1200 per day, paid in advance**

Counselor will not voluntarily appear in court or release records to attorneys, unless subpoenaed by a judge. It is believed involvement in court or legal matters damages the therapeutic alliance.

***CANCELLATION: 48 hour notice to reschedule is required. One late cancellation for a true emergency (contagious or incapacitating illness, flat tire etc) will be permitted within a 16 week period at no charge. Any additional late cancelations or no shows within a 16 week period will be charged the full session fee. Authorization for credit card to be kept on file and charged will be required to participate in counseling.**

***THERE IS A \$50 FEE FOR EACH RETURNED CHECK**

Client's Signature

DATE

Therapist Signature

DATE