

Breakthrough Psychiatry LLC 803 West 4<sup>th</sup> St Unit U Pueblo, CO 81003 Ph: (719) 423-0694 Fax: (719) 370-4424

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## **Breakthrough Psychiatry Fee Schedule**

The following is the fee schedule for services offered by Breakthrough Psychiatry. These prices are subject to change. Clients will be given a 30-day notice of any adjustments.

Item	Price
New Patient Evaluation**	\$300.00
Follow-Up Evaluation**	\$150.00
FEES NOT COVERED BY INSURANCE	
Medical Records Fee	\$25.00
Emotional Support Animal Letter	\$50.00
Forms Fee (per page)	\$10.00
Letter Fee	\$10.00
Disability Paperwork - Short Form	\$50.00
Disability Paperwork - Medium Length Form	\$100.00
Disability Paperwork - Complex / Long Form	\$150.00
Court Hearing/Appearance (4hrs minimum)	\$500.00
Court Hearing/Appearance (additional 4 hours)	\$500.00
5-10 minute Patient Initiated Phone Calls	\$15.00
11-20 minute Patient Initiated Phone Calls	\$25.00
21-30 minute Patient Initiated Phone Calls	\$50.00
Overdue Balance Fee (Greater than 30 Days)	\$50.00
Non-Sufficient Funds Fee	\$35.00
Credit Card Chargeback Fee	\$50.00
Late Cancelation / No Show Fee	\$50.00
*Prices are subject to change based on insurance copay, coinsurance, and/or deductibles.	
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lients Representative Printed Name:	
f the client is a minor / has a quardian:	
the electris a millor / mas a guardian.	
Parent / Guardian Printed Name:	

Clients Representative Printed Name:

If the client is a minor / has a guardian:

Parent / Guardian Printed Name:

The CLIENT MUST sign the consent if they are able to do so. The only exceptions are if the client is a minor, or has a legal document giving permission for someone else to sign on their behalf.

Client / Clients LEGAL Representative / Parent or Guardian Signature

Date