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Schedule of Fees

Insurance Code	Description	Unit	Price
90791	Intake	45-50 min	\$200
90837	Individual Therapy	53+ min	\$150
90834	Individual Therapy	45 min	\$140
90832	Individual Therapy	16-37 min	\$110
Not Billable to Insurance	Individual Supervision	60 min	\$75
Not Billable to Insurance	Group Supervision	60 min	\$50
Not Billable to Insurance or payable with HSA/FSA funds	Late Cancelation/No show	n/a	\$100
Not Billable to Insurance	Returned Check (NSF)	n/a	\$40
Not Billable to Insurance	Professional Consultation Services + travel if applicable	60 min	\$100+
Not Billable to Insurance	Fees, Phone calls, Letters, & Reports	1-15 min	\$25+
Not Billable to Insurance	Court Appearances**	4 hour minimum retainer	\$250/hour
Not Billable to Insurance	Copies		\$15.00 processing fee plus \$0.25 per page

updated January 1, 2022

*fees may increase by 5-10% each year, effective January 1st.

You have the right to request a Good Faith Estimate at any time while receiving services from Akoben Counseling & Consulting LLC. Please email info@akobencounseling.com to submit your request.