



THE ART AND SCIENCE OF HEALING AND REWIRING THE BRAIN

Transparent Fee Handout Ketamine Therapy Solutions

Updated Fee Schedule, as of January 1, 2024

Services:

- Intake Evaluation - \$400 / 90 minutes
- Medication Management/Therapy - \$250 / 50 minutes (additional time prorated)
- Ketamine Community Treatment - \$300 / Per Session
- Ketamine Semi-Private Treatment - \$450 / Per Session
- Ketamine Private Treatment - \$600 / Per Session
- Community ceremonies and special events – Pricing to be determined
- 6-Week Community Ketamine Bundle - \$1,650 / 6-Week Session

Add Services:

- Ketamine Healing Touch Therapy - \$75 / 30 minutes, prorated for each 15 minutes extra
- Private Healing Touch Therapy - \$150 / 50 minutes \$225 / 90 minutes
- “Lift-up” Conditioning Classes - \$30 / 30 minutes
- Private Personal Trainer - \$100 / 60 minutes

Starting on January 1, 2024, Psychiatric Solutions will begin using practice management software called Simple Practice. Clients will be able to create an account and use the app or log in online to make, change or cancel appointments and receive notifications and billing information.

It is important to know that **every individual’s treatment plan varies. However, typically it is recommended that a person plans on having two ketamine sessions for four consecutive weeks to achieve the best results.** During your intake, your provider will determine what treatment plan is best for you.

Additionally, **your medication is not included in your fees**, and will be your responsibility to pay for and pick up from the pharmacy. A medication agreement will be provided for you to sign acknowledging that you are responsible for picking it up; bringing it in unopened with you to your first appointment where the medication is counted, and then keep at the office. This is a protocol that we have to follow in order to ensure the safety of our patients. Your provider can discuss the cost of the medication with you and what pharmacy that you will go to for pick up.

By signing this form, you acknowledge you’ve read and understand our fees and policies:

Print Name _____

Signature _____ Date _____

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