SWANSON, CONTI & ASSOCIATES

A PSYCHOLOGICAL CORPORATION

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Dr. Conti's Fee Schedule

| Therapy Sessions, Case Management, Assessment and Report Writing | |
|---|-------|
| 50 minutes | \$200 |
| Missed Appointments / Cancellations without 24hr. notification | \$200 |
| Phone Calls (including clinical consultation and conversations with clients) | |
| 5 minutes or less | \$0 |
| 6 minutes to 20 minutes | \$65 |
| 21 minutes to 35 minutes | \$135 |
| 36 minutes to 50 minutes | \$200 |
| Clinical Observation and On-site Visits (Billing occurs from the moment Dr. Conti leaves her office or residence to the times he returns. One hour minimum) | |
| 50 minutes | \$225 |
| 75 minutes | \$335 |
| 100 minutes | \$445 |
| 125 minutes (Billing for longer appointments will be clarified in advance) | \$550 |
| Billing Matters (Payment is expected at each session) | |
| Super Bill for insurance reimbursement | |
| One Super Bill per six visits | \$0 |
| Additional / More Frequent Super Bills (per bill) | \$25 |
| Billing for accounts outstanding | |
| First billing | \$35 |
| Additional billing for amounts not paid within 30 days of first bill. | \$50 |