



# Swanson, Conti & Associates

A Psychological Corporation

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## Dr. Conti's Fee Schedule

*All fees are subject to a 3 % annual increase on January 1.*

### **Therapy Sessions, Case Management, Assessment and Report Writing**

50 minutes .....	\$250
Missed Appointments / Cancellations without 24hr. notification.....	\$250

### **Phone Calls** *(including clinical consultation and conversations with clients)*

5 minutes or less .....	\$0
6 minutes to 20 minutes .....	\$100
21 minutes to 35 minutes .....	\$180
36 minutes to 50 minutes .....	\$250

### **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 .....	\$250
75 minutes .....	\$420
100 minutes .....	\$560
125 minutes .....	\$690

*(Billing for longer appointments will be clarified in advance)*

### **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 <i>(per bill)</i> .....	\$25

#### Billing for accounts outstanding over 21 days

First billing .....	\$35
Additional billing for amounts not paid every 21 days thereafter ....	\$50

\_\_\_\_\_ *By initialing here, I acknowledge that I have read and understood the fee schedule above and agree to the terms*