

**Fee Disclosure Statement**  
 effective 10/16/2023

The following is a list of services offered by Empowering Relief Counseling (ERC). ERC reserves the right to make changes to the Fee Schedule below, in which case you will be provided, at minimum, a 30-day notice before the initiation of the new schedule. ERC offers a limited number of reduced fee appointments. If you have questions or concerns, please discuss with your counselor.

Description	CPT Code	Time	Fee	Self-Pay Fee <sup>1</sup>
Initial adult assessment/annual re-assessment	90791	Varies, up to 60 minutes	\$225	\$200
Initial adult assessment with report/write-up/ annual re-assessment	90791	Varies, up to 60 minutes	\$275	\$250
Initial child/adolescent assessment/ annual re- assessment <sup>5</sup>	90791	Varies, up to 60 minutes	\$325	\$300
Initial child/adolescent assessment with report/write-up/ annual re-assessment <sup>5</sup>	90791	Varies, up to 60 minutes	\$550	\$450
Initial family, couples, marital, and/or intimate partner assessment/ annual re-assessment <sup>5</sup>	90791	Varies, up to 60 minutes	\$325	\$300
Psychotherapy, 30 minutes with patient and/or family member	90832	16-37 minutes	\$95	\$85
Psychotherapy, 45 minutes with patient and/or family member	90834	38-52 minutes	\$150	\$125
Psychotherapy, 60 minutes with patient and/or family member	90837	53-60 minutes	\$180	\$165
Family, couples, marital, and/or intimate partner psychotherapy without the patient present	90846	45-60 minutes	\$250	\$225
Family, couples, marital, and/or intimate partner, conjoint psychotherapy with the patient present	90847	45-60 minutes	\$250	\$225
Add-on for each additional 15 minutes for family, couples, marital, and/or intimate partner psychotherapy	Not billable	61+ minutes	\$50 <sup>2</sup>	\$50 <sup>2</sup>
Facilitated group psychotherapy	90853	varies based on the group; advanced notice will be provided prior to the start of any group session		
Co-Facilitated group psychotherapy	90853	varies based on the group; advanced notice will be provided prior to the start of any group session		
Psychotherapy for crisis, first 60 minutes	90839	30-74 minutes	\$250	\$225
Add-on for each additional 30 minutes for psychotherapy for crisis	90840	74+ minutes	\$125 <sup>4</sup>	\$100 <sup>4</sup>
No-Call, no-show fee	Not billable	N/A	\$100	\$100
Late cancellation (less than 24 hours notice)	Not billable	N/A	\$100	\$100
Returned check fee	Not billable	N/A	\$50	\$50
<b>Involvement in legal proceedings<sup>6</sup>:</b>				
Record review, travel & waiting time in court	Not billable	1-60 minutes	\$200/hour <sup>2</sup>	\$200/hour <sup>2</sup>
Court Testimony & Legal Consultation			\$400/hour <sup>3</sup>	\$400/hour <sup>3</sup>
Printed Copy of Records	Not billable	N/A	\$0.50/page	\$0.50/page
<b>Other professional services:</b> including but not limited to telephone calls lasting more than 15 minutes, report writing, consulting with other professionals at the request of the client, etc.	Not billable	1-60 minutes	\$180/hour <sup>2</sup>	\$180/hour <sup>2</sup>

(1) Self-Pay Fee: Payment must be collected within 24 hours of the visit to qualify for this rate. You will be billed the Fee as listed above and then it will be discounted if and when the payment is made within the 24-hour time frame.

(2) Billed in 15-minute increments. (3) Billed in 1-hour increments, rounded *up* to the nearest hour. (4) Billed in 30-minute increments.

(5) Ask us about payment plan options. (6) Estimate due in advance.

By signing below, you agree you have been provided a copy of this statement and understand the fees associated with services provided at ERC.

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 Print Name

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 Signature

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 Date

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 Medicaid # (if applicable)

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 Client Name (if different from above)

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 Counselor Name