## SCHEDULE OF SERVICES AND FEES (7/1/21-6/30/22)

90791	Psychological Diagnostic Interview (45 minutes)	\$225
90832	Psychotherapy (16-37 mins)	\$100
90834	Psychotherapy (38-52 mins)	\$125
90837	Psychotherapy (53+ mins)	\$175
90847	Family Therapy	\$140
90785	Interactive- Add On	\$20
Missed Appoi	ntment or Late Cancellation- not billed to insurance	\$75/ 45 minutes
96130	Psychological Testing Evaluation - Base	\$250
96131	Psychological Testing Evaluation – Add On	\$200
96132	Neuropsychological Testing Evaluation - Base	\$275
96133	Neuropsychological Testing Evaluation – Add On	\$225
96136	Psychological or Neuropsychological Testing - Base	\$100
96137	Psychological or Neuropsychological Testing – Add On	\$100
	Educational Testing- not billed to insurance	\$100/30mins

## SCHEDULE OF SERVICES AND FEES (PSYCHIATRY) (7/1/21-6/30/22)

90792	Psychiatric Interview	\$300
99205	Psychiatric Intake – New Level 5	\$330
90833	Individual Psychiatric Therapy	\$125
90836	Individual Psychiatric Therapy	\$175
90785	Interactive- Add On	\$25
99213	Medication Management- Low Complexity	\$150
99214	Medication Management - Complex	\$200
99215	Medication Management – High Complexity	\$300
99417	Prolonged Evaluation/Management Intake	\$75
Missed Appointment or Late Cancellation- not billed to insurance		\$75/ 45 minutes