NON-INSURANCE FEE SCHEDULE:

The fees outlined below are effective 11/01/2017 and may be changed at any time.

This is not a comprehensive list of all fees in this office; please inquire about current fees prior to authorizing any service that is not covered by your insurance company.

- \$350 for initial psychiatric evaluation (90729)
- \$125 Moderate Complexity Medication Management (99214)
- \$30 Urine Drug Screen (80305)
- \$100 Psychotherapy add-on (90833)
- \$100 Group therapy (90853)
- \$50 No show or late cancellation fee (99999)
- \$50 Letter preparation fee (90889)

I have read, understood and agree to the above fees.

- \$1 per page fee (first 25 pages / \$0.25 for each additional page) for Records (waived if sent directly to another provider, hospital, or insurance company)
- \$100 Disability and/or FMLA Form preparation (up to 5 pages) (90889)
- \$25 per five minutes phone consultation fee, billed in 5-minute increments (99441-3)

Patient Signature	Date
Parent/Guardian Signature	 Date

