2021 Fees and Services

(sliding scale fees are available in some circumstances)

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| **Evaluation and Consultation Services** | | | |
| **Service Type** | **Components Included** | | **Fees** |
| Adult Initial Assessment  *CPT code 90791* | Record Review  Assessment Questionnaires and scoring  80-90 minute intake session/clinical interview  Written Diagnostic Summary Treatment Recommendations and Resources | | $475 |
| Child Initial Assessment Part 1:  Initial Parent Consultation  *(required for all prospective patients under 18 yrs of age)*  *CPT code 90791* | Record Review  Assessment Questionnaires and scoring  50-60 minute intake session/parent interview  Written Diagnostic Summary/Treatment Recommendations and Resources | | $375 |
| Child Initial Assessment Part 2:  Child Evaluation  *CPT code 90791* | Record Review  Assessment Questionnaires  50-60 minute intake session/child interview  Written Diagnostic Summary/Treatment Recommendations and Resources | | $375 |
| Professional Consultation  (for clinical professionals) | 30 minute session  60 minute session  90 minute session  Group consultations | | Variable depending on service |
| Professional Lectures and Workshops | 90 minutes and up | | Variable |
| **Psychotherapy Services** | | | |
| Psychotherapy Session  *(Individual, conjoint parent-child, or parent-only)* | 20 minute session | $118  *(CPT code 90832)* | |
| Psychotherapy Session  *(Individual, conjoint parent-child, or parent-only)* | 45 minute session | $265  *(CPT code 90834)* | |
| Psychotherapy Session  *(Individual, conjoint parent-child, or parent-only)* | 60 minute session | $350  *(CPT code 90837)* | |
| Psychotherapy Session  *(Individual, conjoint parent-child, or parent-only)* | 90 minute session | $530  (CPT code 90837 + 99354) | |
| Family Therapy Session with Patient (patient and **more** than 1 family member present) | 45 min session | $300  *(CPT code 90847)* | |
| Family Session without patient  *(****More*** *than 2 family members present)* | 45 minute session | $300  *(CPT code 90846)* | |
| **Intensive Psychotherapy Services** | | | |
| An individualized plan will be created depending on personalized treatment needs | | | |
| **Assessment Services** | | | |
| **Service Type** | **Components Included** | **Fees** | |
| **Psychodiagnostic Assessment**  *(In depth diagnostic assessment focused on developmental, behavioral, social, emotional, situational, and personality factors)* | 15-30 minute initial correspondence  Records Review  60-90 Minute Diagnostic Interview  Clinical Testing Measures (to be completed together as well as remotely through digital questionnaires)  Clinical Observation  Scoring and Interpretation of all results  90 minute feedback session  Written Summary and Recommendations | $950 | |
| *\*\*\* With* ***Basic*** *Written Report* | See details on Written Reports below | $2450 | |
| *\*\*\* With* ***Comprehensive*** *Report* | See details on Written Reports below | $2950 | |
| **Career/Occupational Assessment**  *(Assessment of skills, interests, social/personality factors, and coping styles in regard to areas of study/occupational goals/career interests and aptitude)* | 15-30 minute initial correspondence  Records Review  60-90 Minute Diagnostic Interview  Clinical Testing Measures (to be completed together as well as remotely through digital questionnaires)  Clinical Observation  Scoring and Interpretation of all results  60 minute feedback session  Written Summary and Recommendations | $950 | |
| *\*\*\* With* ***Basic*** *Written Report* | See details on Written Reports below | $2450 | |
| *\*\*\* With* ***Comprehensive*** *Report* | See details on Written Reports below | $2950 | |
| **Written Report Format:** A written report is produced as documentation of all evaluative services, unless otherwise discussed and agreed upon by client and clinician. Dependent upon reason for referral, intended use for report, and/or personal preference, one of two formats for the written report may be selected. The components typically included in each are listed below for reference; however, reports may vary based on the type of evaluation and case-by-case circumstances. The clinician reserves the right to clinical judgment in determining structure and content of information included in the written report. Clients should consult directly with the clinician at outset of services to determine most appropriate format.   * The basic written report provides a brief summary of background information, review of findings, and basic recommendations. Descriptions of instruments administered and if applicable, tables of scores are provided in an appendix. * The comprehensive written report provides detailed background and history information, review of relevant records (if applicable), descriptions of each instrument and results obtained, formulation and implication of findings, detailed recommendations, and individualized resources. | | | |
| **Additional Services** | | | |
| **Service Type** | **Components Included** | **Fee** | |
| Treatment Enhancement and Accountability Program | Email and text check-ins with therapist  Reading of daily journal entries  Communication with other parties involved in treatment | Starting at $150/month | |
| Administrative Services | Phone calls over 10 minutes  Coordination of care over 10 minutes  Email correspondence over 10 minutes  Form Completion  Detailed letters  Other administrative or miscellaneous services | $55/per 15-minute increments | |
| Travel | Travel exceeding 10 minutes | Variable | |
| Classroom or Offsite Observation  and/or Consultation | Record review and planning  60 minute visit (not including travel)  90 minute visit (not including travel) | Variable | |
| IEP/504/Educational Meeting Participation | Record review and planning  Meeting attendance (up to 90 minutes)  Additional planning and attendance billed 15-minute increments | Starting at $350+  $55/per 15 minute increments | |

*Fees for services not listed here will be discussed on a case-by-case basis.*