

Mental Health Services for
Children, Adolescents, Adults, and Families

FEE SCHEDULE

(effective 1-1-07)

code	Description	MD	RNCS	PhD	LICSW
90801	Diagnostic Evaluation	\$285	\$180	\$210	\$150
90802	Diagnostic Evaluation, Child or Adolescent	\$300	\$190	\$220	\$160
99244	Office Consultation	\$305	\$205	\$225	\$170
99245	Office Consultation, Comprehensive	\$375	\$260	\$275	\$200
90804	Psychotherapy, Brief		\$80	\$90	\$75
90805	Psychotherapy, Brief, Medical	\$120	\$85		
90806	Psychotherapy		\$135	\$150	\$130
90807	Psychotherapy, Medical	\$200	\$140		
90810	Interactive Psychotherapy, Brief		\$85	\$95	\$80
90811	Interactive Psychotherapy, Brief, Medical	\$130	\$90		
90812	Interactive Psychotherapy		\$140	\$150	\$135
90813	Interactive Psychotherapy, Medical	\$215	\$145		
90846	Family Therapy (without patient)	\$225	\$145	\$155	\$135
90847	Family/Couple Therapy	\$225	\$145	\$155	\$135
90853	Group Therapy		\$45	\$55	\$45
90862	Pharmacological management	\$100	\$70		
99371	Telephone consultation, brief	\$60	\$30	\$40	\$30
99372	Telephone consultation, intermediate	\$100	\$60	\$70	\$50
99372	Telephone consultation, prolonged, per hour (prorated)	\$215	\$125	\$140	\$120

This is not a complete list of all of our fees.

Fees may be modified without notice.

When an appointment is missed or canceled without at least 48 hours prior notification, the full fee applicable to the canceled appointment may be charged. When the appointment falls on the first day of the business week, notification of cancellation must be received by noon of the preceding Friday to avoid a charge.

A service charge of 1.5% of the outstanding balance or a minimum of \$5.00 will be added each 30 day billing cycle to all outstanding self-pay balances over 60 days past due.