**GOOD FAITH ESTIMATE**

**TABLE OF SERVICES AND FEES**

Client Name:

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| **Date of****Service (If known)** | **Service code****(CPT Code)** | **Description** | **Fee for Service (Number of Sessions Will Be Determined as We Progress)** |
|  | 90791 | Initial Diagnostic Evaluation | $205 |
|  | 90832 | Psychotherapy, 16-37 minutes | $145 |
|  | 90834 | Psychotherapy, 38-52 minutes | $185 |
|  | 90837 | Psychotherapy ≥ 53 minutes *(This fee is my hourly rate & used for all prorated calculations as indicated)* | $195 |
|  | 90839 | Psychotherapy for a Crisis (30-74 minutes) | $205 |
|  | +90840 | Psychotherapy for a Crisis(add on code for each additional 30 mins) | $135 |
|  | 90846 | Family Psychotherapy without Patient Present, 50 minutes | $195 |
|  | 90847 | Family Psychotherapy with Patient Present, 50 minutes | $195 |
|  | 90853 | Group Psychotherapy | $90 |
|  | 96130-96133, 96136-96139 | Psychological and Neuropsychological Testing  | $165 |
|  | 98966-98968 | Telephone Assessment & Management | Prorated based on the amount of time spent at hourly rate |
|  | 98970-98972 | Online Digital Evaluation & Mgt(Responding to Email & Text Messages) | Prorated based on the amount of time spent at hourly rate |
|  | Cancelation Fee  | Your Therapist Requires a 24-Hour Cancelation Fee  | You are Responsible for the Fee of the Appointment Missed |
|  | Production of Records | Production of Records and completion of short forms | $25 |
|  | Legal Fees | Forensic Services | $335 |
|  | FDOCT | Forensic Documentation per 15-minute period | $85 |
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|  | Total Estimate: | This Good Faith Estimate explains your therapist’s rate for each service provided. Your therapist will collaborate with you throughout your treatment to determine how many sessions and/or services you may need to receive the greatest benefit based on your diagnosis(es)/presenting clinical concerns.  |
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Please note that Place of Service (in office vs. telemental health) is not delineated above since the charges are identical.