

SERVICE FEES

INSURANCE CODE	DESCRIPTION	UNIT	PRICE
90791	Intake (DA)	50-55 min	\$285
90834	Individual Therapy	45-50 min	\$200
90837	Individual Therapy Extended	53-60 min	\$225
90832	Individual Therapy (brief)	16-37 min	\$175
90853	Group Therapy	45 min	\$70
90847	Couple/Family w/ client	45-50 min	\$225
90846	Couple/Family w/out client	45-50 min	\$225
Not Billable to Insurance	Late Cancel/Rebook	N/A	\$100
Not Billable to Insurance	No Show	N/A	\$175
Not Billable to Insurance	Professional Consultation Services	60 min	\$200
Not Billable to Insurance	Business Consultation Services	60 min	\$300
Not Billable to Insurance	Fees, Phone Calls, Letters/Reports	1-15 min	\$37.50
Not Billable to Insurance	Court Appearances	45-50 min	\$250
Not Billable to Insurance	KAP Exploration Session	90-120 min	\$500-\$800