

<b>Service Code (CPT Code)</b>	<b>Description of Services</b>	<b>Fee, Licensed Clinician</b>	<b>Fee, Resident Clinician</b>
90791	Initial Diagnostic Evaluation	\$210	\$175
90832	Individual Session, 30 minutes	\$135	\$120
90834	Individual Session, 45-50 minutes This fee is my standard rate and used for all prorated calculations as indicated)	\$195	\$160
90837	Individual Session, 60 minutes	\$255	\$210
90846	Family Therapy without Client Present, 45-50 minutes	\$195	\$160
90847	Family Therapy with Client Present, 45-50 minutes	\$195	\$160
98967-68	Telephone Assessment and Management (greater than 15 minutes is billed at prorated rate)	\$195	\$160
-	Late Cancellation Fee/No Show Fee	Full Fee	Full Fee
-	Court Fees (including but not limited to preparation, communication with attorneys appearance, wait and travel time)	\$450/hr	\$450/hr
-	Consultation and Other Professional Services (greater than 15 minutes is billed at prorated rate)	\$195	\$160

Teletherapy Services:

HIPAA-Compliant Video Platforms or Telephone  
[CPT code stated above]-95, this is called a modifier.

Please note, these services may not be reimbursable by insurance due to not occurring in the office setting.