

Service Code (CPT Code)	Description of Services	Fee, Licensed Clinician	Fee, Resident Clinician
90791	Initial Diagnostic Evaluation	\$220	\$185
90832	Individual Session, 30 minutes	\$145	\$130
90834	Individual Session, 45-50 minutes This fee is my standard rate and used for all prorated calculations as indicated)	\$205	\$170
90837	Individual Session, 60 minutes	\$265	\$220
90846	Family Therapy without Client Present, 45-50 minutes	\$205	\$170
90847	Family Therapy with Client Present, 45-50 minutes	\$205	\$170
98967-68	Telephone Assessment and Management (greater than 15 minutes is billed at prorated rate)	\$205	\$170
-	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)	\$460/hr	\$460/hr
-	Consultation and Other Professional Services (greater than 15 minutes is billed at prorated rate)	\$205	\$170

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.