

Alexandria Place Therapy Fee Schedule

Service Code (CPT Code)	Description of Services	Fees		
		Licensed Clinician	Resident Clinician	Intern Clinician
90791	Initial Diagnostic Evaluation	\$265	\$220	\$140
90832	Individual Session: 30 minutes	\$145	\$130	\$70
90834	Individual Session: 45-50 minutes <i>(our standard rate and used for all prorated calculations as indicated)</i>	\$205	\$170	\$105
90837	Individual Session 60 minutes	\$265	\$220	\$140
90846	Family Therapy: 45-50 mins <i>(without client present)</i>	\$205	\$170	\$105
90847	Family Therapy: 45-50 mins <i>(with client present)</i>	\$205	\$170	\$105
98967-68	Telephone Assessment <i>(greater than 15 minutes is billed at prorated rate)</i>	\$205	\$170	\$105
—	Late Cancellation/No Show	Full Fee	Full Fee	Full Fee
—	Court-Related Costs <i>(including, but not limited to, preparation, communication with attorneys, appearance, and wait & travel time)</i>	\$500/hr	\$500/hr	\$500/hr
—	Consultation/Professional Services <i>(greater than 15 minutes is billed at prorated rate)</i>	\$205	\$170	\$105

Teletherapy Services

Provided via a HIPAA-compliant video platform or over the phone

[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