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	$155	$140	$70
90834	Individual Session: 45-50 minutes *(our standard rate and used for all prorated calculations as indicated)*	$215	$180	$105
90837	Individual Session 60 minutes	$265	$230	$140
90846	Family Therapy: 45-50 mins *(without client present)*	$215	$180	$105
90847	Family Therapy: 45-50 mins *(with client present)*	$215	$180	$105
98967-68	Telephone Assessment *(greater than 15 minutes is billed at prorated rate)*	$215	$180	$105
–	Late Cancellation/No Show	Full Fee	Full Fee	Full Fee
–	Court-Related Costs *(including, but not limited to, preparation, communication with attorneys, appearance, and wait & travel time)*	$500/hr	$500/hr	$500/hr
–	Consultation/Professional Services *(greater than 15 minutes is billed at prorated rate)*	$215	$180	$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