Alexandria Place Therapy Fee Schedule

Service Code (CPT Code)	Description of Services	Fees		
		Licensed Clinician	Resident Clinician	Intern Clinician
90791	Initial Diagnostic Evaluation	$310	$280	$150
90832	Individual Session: 30 minutes	$175	$160	$80
90834	Individual Session: 45-50 minutes *(our standard rate and used for all prorated calculations as indicated)*	$235	$200	$115
90837	Individual Session 60 minutes	$285	$250	$150
90846	Family Therapy: 45-50 mins *(without client present)*	$235	$200	$115
90847	Family Therapy: 45-50 mins *(with client present)*	$235	$200	$115
98967-68	Telephone Assessment *(greater than 15 minutes is billed at prorated rate)*	$235	$200	$115
—	Late Cancellation/No Show	Full Fee	Full Fee	Full Fee
—	Consultation/Professional Services *(greater than 15 minutes is billed at prorated rate)*	$235	$200	$115

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