



FEE SCHEDULE

Initial Interview and Assessment	\$275.00
Individual Psychotherapy (60 minutes)	\$180.00
Individual Psychotherapy (30 minutes)	\$155.00
Family Psychotherapy (60 minutes)	\$190.00
Telephone Conferences with yourself or on behalf of (35 mins)	\$45.00
Letters written on your behalf (15 mins)	\$45.00
Court Appearances and depositions (60 mins)	\$220.00
Travel for court (60 mins)	\$100.00
Production of Records	\$45.00 minimum

NO SHOWS OR CALLS (W/O 24 HOURS NOTICE) WILL BE CHARGED AT THE HOURLY RATE

PLEASE NOTE: UNTIL YOUR INSURANCE DEDUCTIBLE IS MET, YOU WILL BE RESPONSIBLE FOR PAYMENT OF SERVICES INCLUDING CO-PAYMENTS. IT IS STRONGLY ENCOURAGED THAT YOU CONTACT YOUR INSURANCE COMPANY TO DETERMINE ELIGIBILITY, DEDUCTIBLE, AND IN NETWORK PROVIDERS.

I ACKNOWLEDGE THAT I HAVE REVIEWED THE FEE SCHEDULE AND WILL PAY FOR SERVICES NOT COVERED BY MY INSURANCE.

Signature

Date