

FEES

Psychological testing, neuropsychological testing and psychotherapy services are billed at a rate of \$180/hour for outpatient or hospital-based services. Based on this rate, a more specific list of fees and procedure codes is offered below.

Procedure Name	CPT code	Fee/Procedure
Psychiatric Diagnostic Interview	90791	180
Individual Psychotherapy: 16-37 minutes	90832	90
Individual Psychotherapy: 38-52 minutes	90834	135
Individual Psychotherapy: 53+ minutes	90837	180
Psychotherapy: 60 minute Crisis intervention	90839	180
Family Psychotherapy: With or without the Patient Present	90846/90847	180
Neurobehavioral Status Examination: 1 st 60 Minutes	96116	180
Neurobehavioral Status Examination: each additional hour	96121	180
Neuropsychological Evaluation Services: 1 st and subsequent hours	96132/96133	180
Psychological Evaluation Services: 1 st and subsequent hours	96130/96131	180
Technician Testing Administration Services	96138/96139	180

We will submit your charges for insurance reimbursement. More often than not, we do not have access to information regarding your deductible or copayment structure. This can vary substantially from one policy to the next.

Forensic psychological and neuropsychological assessment are also charged at \$180/hr. Based on our review of the case and a final agreement to accept the case, we will provide an out-of-pocket fee. Payment for those services is required prior to the initial interview and initiation of testing.

If you do not have insurance and will be paying out-of-pocket or if you have insurance and choose not to submit your insurance, we will assist by offering a good faith estimate of your out-of-pocket expenses. If you are paying out-of-pocket for clinical neuropsychological or psychological testing, we will offer an estimate of your total charge prior to your initial appointment. If you are receiving psychotherapy services, we will offer an estimate of monthly and annual out-of-pocket expenses after your initial diagnostic interview. It is important to understand that this represents our best estimate of expenses and that variations can occur if there are changes in your clinical needs. If such needs change and affect your out-of-pocket expenses substantially, we will re-review your fee estimate. Legally you have the right to dispute charges when your annual bill exceeds the estimated costs by a factor of \$400.