



Good Faith Estimate Table of Services and Fees
(as of January 1, 2022)

Service code (CPT Code)	Description	Fee for Service (Non-Doctoral)	Fee for Service (Doctoral)
		Total # Sessions TBD	Total # Sessions TBD
90791	Initial Diagnostic Evaluation	275.00	300.00
90832	Psychotherapy: 16-37 minutes	200.00	225.00
90834	Psychotherapy: 38-52 minutes	225.00	250.00
90837	Psychotherapy: ≥ 53 minutes	225.00	250.00
90839	Psychotherapy for a Crisis (30-74 minutes)	275.00	300.00
90840	Psychotherapy for a Crisis (Each additional 30 mins)	100.00	200.00
90846	Family Psychotherapy: 50 minutes without Patient Present	250.00	275.00
90847	Family Psychotherapy: 50 minutes with Patient Present	250.00	275.00
90853	Group Psychotherapy per Individual	50.00	50.00
96116	Neurobehavioral Status Exam	N/A	300.00
96130-96133	Psychological/Neuropsychological Testing Test Evaluation Services (First hour or each additional hour)	N/A	300.00
96136-96139	Psychological/Neuropsychological Testing Test Administration and Scoring (First 30 or each additional 30 minutes)	N/A	150.00
98966-98968	Telephone Assessment & Management	Prorated at hourly rate	Prorated at hourly rate
98970-98972	Online Digital Evaluation & Mgmt (Responding to Email & Text Messages)	Prorated at hourly rate	Prorated at hourly rate
Cancellation Fee	Less than 24 Hour Notice	1 st Occurrence 50.00 2 nd Occurrence 75.00 3 rd Occurrence 100.00	1 st Occurrence 50.00 2 nd Occurrence 75.00 3 rd Occurrence 100.00