

Fee Agreement

Fees as of 09/15/22 ----->	Per unit starting 09/15/22
Total estimated charges for each (1) 45-60 min Intake session (CPT 90791 - Psychotherapy Intake 1 allowed every 365 days)	\$150
Total estimated charges for each (1) 45 min individual session (CPT 90834)	\$110
Total estimated charges for each (1) 60 min individual session (CPT 90837)	\$130
Total estimated charges for each (1) 50 min family session (CPT 90847)	\$140
Total estimated charges for each (1) 45 min family session without patient session (CPT 90846)	\$110
Total estimated charges for each (1) 45 min EAP session (CPT 99404)	paid by EAP
Total estimated charges for each (1) 45-60 min session scheduled per week that was cancelled, rescheduled, or no showed to without 48 hours notice not due to Emergency, incapacitating or communicable illness, death, or act of God (Billed as <48#1/<48CX/<48/<24CX/<24#1/<24 2+ /NS#1/NS#2) This is NOT billable to insurance or EAP and is billed directly to the client privately.	\$110
Total estimated charges for each (1) 30 min session scheduled per week (Billed as 90832). These sessions are only held at this practice when someone is late to session without fault.	\$75
Total estimated charges for each (1) 30 min session overage billed in increments once 14 min past scheduled session's end is reached (e.g. add on CPT 99354)	add \$75
Total estimated charges for each (1) *Better Together 60 min session per week (*for BT couples or family billed as BT1) or Total estimated charges for each (1) *Better Together 60 min session scheduled that was cancelled, rescheduled, or no showed to without 48 hours notice not due to Emergency, incapacitating or communicable illness, death, or act of God(billed as <48CX /<24 CX /<48RS/<24CX)	\$140
Total estimated charges for each (1) *Better Together 75-90 min session per week (*for BT couples or family billed as BT1.5) or Total estimated charges for each (1) *Better Together 75-90 min session scheduled per week that was cancelled, rescheduled, or no showed to without 48 hours notice not due to Emergency, incapacitating or communicable illness, death, or act of God (billed as BTCX/BTCX1/BTCX2/BTNS)	\$200

Client(s) acknowledge understanding & acceptance of this section's contents by signing below or e-sign:

Signature	Printed Name	Date
Signature	Printed Name	Date