

Good Faith Estimate Table of Services and Fees (as of March 1, 2024)

|  |  |  |  |
| --- | --- | --- | --- |
| Service Code (CPT Code) | Description | Fee for Service (Master Level)Total # of Sessions TBD | Fee for Service (Doctoral Level)Total # of Sessions TBD |
| 90785 | Interactive Complexity Ad-On | Prorated at hourly rate | Prorated at hourly rate |
| 90791 | Initial Diagnostic Evaluation | $275 | $300 |
| 90834 | Psychotherapy: (38 – 52 min) | $225 | $250 |
| 90837 | Psychotherapy: (53+ min) | $250 | $275 |
| 90839 | Psychotherapy for a Crisis: (30 –74 min) | $275 | $300 |
| 90840 | Psychotherapy for a Crisis: (Eachadditional 30 min) | $150 | $200 |
| 90846 | Family Psychotherapy: 50 minuteswithout Patient Present | $250 | $275 |
| 90847 | Family Psychotherapy: 50 minutes with Patient Present | $250 | $275 |
| 96130-96133 | Psychological/Neuropsychological Testing Test Evaluation Services(First hour or each additional hour) | NA | $300 |
| 96136-96139 | Psychological/NeuropsychologicalTesting Test Administration and Scoring (First 30 or each additional 30 minutes) | NA | $150 |
| 98966-98968 | Telephone Assessment & Management | Prorated at hourly rate | Prorated at hourly rate |
| 98970-98972 | Online Digital Evaluation & Mgmt (Responding to Email and Therapy Appointment messages) | Prorated at hourly rate | Prorated at hourly rate |
| 98975- 98981 | Remote Therapeutic Monitoring (RTM) |  |  |
| Cancellation Fee | Less Than 24 Hours Notice | $75 | $75 |

Centers for Cognitive Wellness – 30 N Michigan Ave., Ste 2029 , 60602 – Tel: 855-264-9355 – Fax: 855-792-0240

[www.cogwellness.com](http://www.cogwellness.com/)