



Good Faith Estimate Table of Services and Fees
(as of May 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: (Each additional 30 min)	\$150	\$200
90846	Family Psychotherapy: 50 minutes without 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/Neuropsychological Testing 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
98975	Remote therapeutic monitoring initial set-up and patient education on use of equipment/app	Prorated at hourly rate	Prorated at hourly rate
98978	Remote therapeutic monitoring CBT only	Prorated at hourly rate	Prorated at hourly rate
98980	Remote therapeutic monitoring treatment management services	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)	Prorated at hourly rate	Prorated at hourly rate
Cancellation Fee	Less Than 24 Hours' Notice	\$75	\$75
Cancellation Fee for NP Evaluation	Less Than 72 Hours' Notice	\$250	\$250