

Service Code	Description of Services	Fees		
		Licensed	Resident	Intern
90791	Initial Diagnostic Evaluation	\$255	\$210	\$130
90832	Individual Session (30 min)	\$150	\$130	\$80
90834	Individual Session: 45-50 minutes (our standard rate and used for all prorated calculations as indicated)	\$205	\$170	\$95
90837	Individual Session 60 minutes	\$255	\$210	\$130
90846	Family Therapy: 45-50 mins (without client present)	\$205	\$170	\$95
90847	Family Therapy: 45-50 mins (with client present)	\$205	\$170	\$95
98967-68	Telephone Assessment (greater than 15 minutes is billed at prorated rate)	\$205	\$170	\$95
-	Late Cancellation/No Show	Full Fee	Full Fee	Full Fee
-	Court-Related Costs (including, but not limited to, preparation, communication with attorneys, appearance, and wait & travel time)	\$500/hr	\$500/hr	\$500/hr
-	Consultation/Professional Services (greater than 15 minutes is billed at prorated rate)	\$205	\$170	\$95