

Fee Schedule as of January 2019
****\$10.00 discount for using cash or check****

New Patients	credit card	cash or check
90 minute Initial Consultation:	\$510.00	\$500.00

Established Patients

Evaluation/Management (E/M) and Psychotherapy

10-15 minute brief medication visit	\$185.00	\$175.00
20-30 minute medication management:	\$235.00	\$225.00
45 min medication or medication plus therapy	\$315.00	\$305.00
60 minute medication or medication plus therapy:	\$410.00	\$400.00

Missed appointments (this is your reserved time): full fee

Appointments not kept or not canceled **48 hours in advance**—should be an uncommon occurrence, and will be charged. Late cancellation and no shows affect your therapy, deprives others of your spot and incurs expenses to the office. True emergencies (documentation required), may be cause for the fee to be waived.

Lateness: Your appointment is reserved time. If you arrive late, you are still responsible to pay for time you were not present. Your **session time will not be extended**. Insurance only covers face-to-face time.

Unscheduled refills: (at office discretion) \$15.00
 (5 day supply for controlled substances, no more than 7 days for other meds)

Urine Toxicology Tests: \$22.00

Inter-session calls (at office discretion, pro-rated like therapy) \$200.00

This is for calls to hospitals, teachers, counselors, therapists, agencies, divorced parents, patient questions anything.

TELEPSYCHIATRY CAN ONLY BE DONE WITHIN NEW YORK STATE:

Telepsychiatry/phone Consultations 20-30 minutes \$235.00

Telepsychiatry/phone Consultations 31-45 minutes \$315.00

Telepsychiatry/phone Consultations 46-60 minutes \$415.00

Calls requiring medical or psychotherapeutic strategies for which an office visit would have been appropriate, but circumstance: expedience, convenience or safety, required video contact (ex. student at college, non-emergent medication/medical questions).

All phone/telepsychiatry sessions must be made in-state, as per licensing laws.

Note: Insurance reimbursement for telepsychiatry may be less.

Form and Report completion: pro-rated by time spent as per rates above

Patients who are not seen for more than three months are considered discharged.

Medication refills are written in session to last to the next session.

I accept this fee schedule. **Name:** _____ **Date:** _____