## Fee Schedule as of January 2020

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	l and accept this policy a	nd fee schedule.
SSIOHS/ FHOHE CONSUITATIONS	40-00 minutes	\$ <del>4</del> 10.00
s, calls for coordination nce does not reimburse phone res face-to-face contact.	of care to therapists/ ne calls, but may telepsyc	teachers/agencies hiatry video calls
equired video or phone contac	et (ex. student at college)	
	-	
	eraneutic strategies for w	hich an office vis
s calls to hospitals, teachers		
or controlled substances, no nogy Tests:	nore than 14 days for other	r meds) \$22.00
time you were not present covers face-to-face time.	your session time will	not be extended
xpense. True emergencies (do		
not cancelled 48 business hou		•
<u> </u>		
	thorony Dotiont plug 1+	¢450.00
nedication visit or medication	plus therapy	\$410.00
nedication management visit. nedication visit or medication	plus therapy	\$315.00
	r	
		Φ.(Ε.Ο. Ο.Ο.)
	e Initial Consultation, patient  atients nedication management visit. nedication visit or medication nedication visit or medication nedication visit or medication nedication or medication plus medication or medication plus medication or medication plus not cancelled 48 business hor on and no shows affect you expense. True emergencies (de aived.  True appointment is reserved time time you were not present covers face-to-face time.  Tefills: (at office discretion) Tor controlled substances, no not to gy Tests:	nedication management visit.  nedication visit or medication plus therapy  nedication visit or medication plus therapy  nedication or medication plus therapy. Patient plus 1+  medication or medication plus therapy: Patient plus 1+  nedication or medication plus therapy: Patient plus 1+  netiments  not cancelled 48 business hours in advance will be cloon and no shows affect your therapy, deprives other expense. True emergencies (documentation required), maived.  or appointment is reserved time. If you arrive late, you ar