

## 2022 Fee Schedule

### New Patients

90-120 minute Initial Consultation.....	\$650.00
121-180-minute Initial Consultation, patient plus one.....	\$900.00

### Established Patients (in office or via telepsychiatry)

16-30 minute medication management visit.....	\$260.00
31-45 minute medication visit or medication plus therapy.....	\$325.00
46-60 minute medication visit or medication plus therapy.....	\$425.00
61-90 minutes medication or medication plus therapy.....	\$550.00

**Coaching calls:** after hours or between visit calls or messaging (portal or text) requiring advice, support, skills, or medication evaluation or trouble-shooting:

1-10 minutes.....	\$125.00
11-20 minutes.....	\$260.00
21-30 minutes.....	\$325.00

**Coaching calls also include medical questions/concerns, parent communication including advice or updates, calls for coordination of care to therapists/teachers/agencies). Insurance does not reimburse phone calls text or portal yet, but may telepsychiatry video calls.**

### Missed appointments

Appointments not cancelled **48 business hours in advance--** will be charged. Late cancellation and no shows affect your therapy, deprives others of your spot and incurs office expense. True emergencies (documentation required), may be cause for the fee to be adjusted.

**Lateness:** Your appointment is reserved time. If you arrive late, **your session time will not be extended.**

### Emergency Refills.....\$15.00

Medications are to be filled at the time of your visit. Your next visit should be scheduled at the end of your last visit, or shortly thereafter either through the portal or by phone.

- **Repeated** need for emergency supplies of medications between visits will be charged.
- Charges will be incurred for weekend refills, refills that should have been made at the time of your last visit, or visits that were not scheduled in a timely fashion. Do not wait for the last minute to schedule your appointment, as there may not be availability then.
- Please do not go without your medication to avoid a charge! The idea is to be mindful of when your medications are running out and to make your appointments enough in advance that you do not run out.

I \_\_\_\_\_ have read and accept this policy and fee schedule.  
(Print Full Name)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_