

## **REVISED FEE SCHEDULE**

### **WELCOME TO THE PRACTICE!!**

Thank you, for choosing our office for your psychiatric needs. We strive to provide a warm and compassionate environment while addressing the presenting psychiatric issues with the utmost level of professionalism and sensitivity. Our staff has years of experience to help you or your loved one today.

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|---|--|
| 1. <b>INITIAL EVALUATION:</b>                                   | <b>\$450</b> (60 minutes)  |
| 2. <b>INITIAL EVALUATION:</b> (extended)                        | <b>\$550</b> (90 minutes)  |
| 3. <b>HOURLY EVALUATION</b> (on going)                          | <b>\$450</b> (60 minutes)  |
| 4. <b>MEDICATION MANAGEMENT/ 1<sup>st</sup> FOLLOW UP VISIT</b> | <b>\$250</b> (40 minutes)  |
| 5. <b>MEDICATION MANAGEMENT</b> (uncomplicated)                 | <b>\$185</b> (20 minutes)  |
| 6. <b>TELEPHONE CONSULTATION</b> (in lieu of an office visit)   | <b>\$185</b> (20 minutes)  |
| 7. <b>COURT APPEARANCE, DEPOSITIONS</b>                         | <b>\$2,000</b> (retainer fee for minimum of 3 Hours <b>paid prior to appearance</b> )<br><b>\$500</b> (for each additional hour) |
| 8. <b>LETTER REQUESTS</b> (brief)                               | <b>\$ 50</b>   |
| 9. <b>LETTER OR WRITTEN REPORT REQUESTS</b> (detailed)          | <b>\$ 50 on up</b> (depending on time)   |
| 10. <b>INSURANCE/DISABILITY FORMS</b>                           | <b>\$ 50 on up</b> (depending on time)   |
| 11. <b>BILLING SUMMARIES</b> (extra copies)                     | <b>\$ 30</b>   |
| 12. <b>RETURNED CHECKS</b>                                      | <b>\$ 50</b>   |
| 13. <b>MEDICATION PRIOR AUTHORIZATIONS</b>                      | <b>\$ 50 on up</b> (depending on time)   |

**\* PAYMENT IS EXPECTED AT THE TIME OF EACH VISIT. \_\_\_\_\_(INITIAL)**

I have read the above and agree to its terms and conditions.

\_\_\_\_\_  
Patient Signature or Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

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