

Powers Ferry Psychological Associates, LLC.

1827 Powers Ferry Rd., Building 22, Atlanta GA. 30339

(770) 953-4744 ext. 16 Fax: (770) 953-4640

lindsaykleiman.pfpa@gmail.com

FEE SCHEDULE AND ASSIGNMENT OF BENEFITS FOR LINDSAY KLEIMAN, PSY.D.

Annual Administrative Fee	\$10.00
Initial Intake <i>90791 - at least 53 min and not more than 90 min</i>	\$175 per hour
Individual Therapy <i>90837 - \geq 53 minutes</i>	\$175 per hour
Family Therapy / Couples Therapy <i>90846 without the client - \geq 53 minutes</i>	\$175 per hour
<i>90847 with the client - \geq 53 minute</i>	\$200 per hour
Late Cancellation Fee (cancel <u>less than 24 hours</u>)	\$75
<u>No Show Fee</u>	\$100 for the first no show \$175 for additional no shows
Other Services- to include:	\$175 per hour prorated for time spent
Letter Writing -Rush fee (less than 2 weeks)	\$50 additional charge
Report Writing	
Telephone Call longer than 5 minutes	
E-mails longer than 5 minutes	
Record copying, mailing, etc.	
Legal Work:	\$350/ hour (\$700 retainer)
-Please see the Forensic/Legal Service Agreement for more details.	
1.) I understand that regardless of my insurance status, I am ultimately responsible for the balance on my account for any professional services rendered.	
2.) I hereby Authorize and request the insurer(s) that I or my child am covered under to pay directly to Lindsay Kleiman, Psy.D. (Kleiman-Balasabas Psychological Services, LLC) any benefits due under the terms of this policy for services rendered to the following address: 1827 Powers Ferry Rd., Bldg22, Atlanta GA 30339.	
3.) I understand and agree to pay the above fee schedule if I fail to cancel my appointment within 24 hours or miss the appointment except in case of emergency.	

Signature of Patient or Guardian

Date

Signature of Psychologist

Date