## Powers Ferry Psychological Associates, L.L.C.

1827 Powers Ferry Rd., Bldg. 22, Atlanta, Ga. 30339 770-953-4744 Fax: 770-953-4640

## Steven Perlow PH.D., - Fee Schedule & Assignment of Benefits

Annual Administrative Fee	\$10	yearly
• Initial Consultation Sessions 90791 - at least 53 min and not more than 90 min	\$185	per session
• Individual Therapy $90837 - \ge 53$ minutes (This fee is my hourly rate & used for all prorated calculations belo	\$175 w)	per session
• Family / Couples Therapy 90846 without the client - $\geq$ 53 minutes 90847 with the client - $\geq$ 53 minutes	\$175	per session
• Group Therapy 90853 – 45 to 60 minutes	\$75	per session
<ul> <li>Psychological Testing Material Fee</li> <li>Psychological Testing</li> <li>96130 – 96133, 96136 – 96139</li> <li>Includes administration, scoring, interpretation, report writing</li> </ul>	\$200 \$175	per hour
• Other Services - to include: report / letter writing, telephone calls longer than 5 minutes, e-mails longer than 5 minutes, reported based on the amount of time spent at the hourly rate.	\$175 cord copy	per hour ing, mailing, etc.
Legal Work	\$300	per hour
• Missed/Late Cancellation of an Appointment or Testing Appointment	\$175	

within less than <u>24</u> hours / days' notice

**Total Estimate**: This Good Faith Estimate explains your therapist's rates for each service provided. Your therapist will collaborate with you throughout your treatment to determine how many sessions and/or services you may need to receive the greatest benefit based on your diagnosis(es)/presenting clinical concerns. Please note that in office vs. telemental health services are not separated as charges are the same.

Patient Name

signature of patient or guardian

date

signature of psychologist

date