

Fee Schedule

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|--|--------------------|
| Initial Intake Session (90791) | \$160 |
| Individual Session- 16-37 minutes (90832) | \$100 |
| Individual Session - 38-52 minutes (90834) | \$120 |
| Individual Session - 53 minutes (90837) | \$140 |
| Family/Couples Session (90847) | \$140 |
| Group Sessions (90853) | \$80 |
| Letters | \$25 |
| Documentation preparation * | \$25 |
| Phone Calls (after 10 minutes) | |
| With patient | \$20/per 10 min |
| With third parties (except with healthcare providers) | \$25/per 10 min |
| Cancellation < 24h notice ** | \$40 |
| No Show, no notification 1 st Offense | \$40 |
| No Show, no notification 2 nd consecutive offense | Full Session Price |

NOTE: Sliding Scale Fees may be applicable with sufficient documentation

* Clients requesting copies of their records will incur a cost that by law (2014) may not exceed one dollar (\$1) per page for the first twenty-five (25) pages, fifty cents (\$.50) per page for each page in excess of twenty-five (25) pages, a search fee of five dollars (\$5), plus the cost of mailing the record.

** Emergencies such as inclement weather, natural disasters, or documentation of personal crisis such as illness, hospitalization, etc. would be waived/credited.

I have received and understand the Fee Schedule:

Client Printed Name

Date of Birth

Client Signature

Date

Provider Signature

Date