



Powell Counseling
Center, PLLC

GOOD FAITH ESTIMATE
TABLE OF SERVICES AND FEES

Service code (CPT Code)	Description	Fee for Service
90791	Initial Diagnostic Evaluation with licensed provider	\$150
90791	Initial Diagnostic Evaluation with pre-licensed provider	\$115
90791	Initial Diagnostic Evaluation with intern	\$150
90832	Psychotherapy, 16-37 minutes with licensed provider	\$85
90832	Psychotherapy, 16-37 minutes with pre-licensed provider	\$65
90832	Psychotherapy, 16-37 minutes with intern	\$50
90834	Psychotherapy, 38-52 minutes with licensed provider	\$150
90834	Psychotherapy, 38-52 minutes with pre-licensed provider	\$100
90834	Psychotherapy, 38-52 minutes with intern	\$50
90837	Psychotherapy ≥ 53 minutes (<u>This fee is our hourly rate & used for all prorated calculations as indicated</u>) with licensed provider	\$150
90837	Psychotherapy ≥ 53 minutes (<u>This fee is our hourly rate & used for all prorated calculations as indicated</u>) with pre-licensed provider	\$100
90837	Psychotherapy ≥ 53 minutes (<u>This fee is our hourly rate & used for all prorated calculations as indicated</u>) with intern	\$50
90839	Psychotherapy for a Crisis (30-74 minutes) with licensed provider	\$85
90839	Psychotherapy for a Crisis (30-74 minutes) with pre-licensed provider	\$65
90839	Psychotherapy for a Crisis (30-74 minutes) with intern	\$50
+90840	Psychotherapy for a Crisis (add on code for each additional 30 mins) with licensed provider	\$85
+90840	Psychotherapy for a Crisis (add on code for each additional 30 mins) with pre-licensed provider	\$65
+90840	Psychotherapy for a Crisis (add on code for each additional 30 mins) with intern	\$50
90846	Family Psychotherapy without Patient Present, 50 minutes with licensed provider	\$150



Powell Counseling
Center, PLLC

90846	Family Psychotherapy without Patient Present, 50 minutes with pre-licensed provider	\$100
90846	Family Psychotherapy without Patient Present, 50 minutes with intern	\$50
90847	Family Psychotherapy with Patient Present, 50 minutes with licensed provider	\$150
90847	Family Psychotherapy with Patient Present, 50 minutes with pre-licensed provider	\$100
90847	Family Psychotherapy with Patient Present, 50 minutes with intern	\$50
98966-98968	Telephone Assessment & Management	Prorated based on the amount of time spent at hourly rate
98970-98972	Online Digital Evaluation & Mgt (Responding to Email & Text Messages)	Prorated based on the amount of time spent at hourly rate
Cancelation Fee	Your Therapist Requires a 24-Hour Cancelation Fee	You are Responsible for the Fee of the Appointment Missed (\$60)
Production of Records		\$20
Legal Fees		\$350 per hour with a non-refundable minimum of one hour fee deposited



Powell Counseling
Center, PLLC

		one week prior to services
Total Estimate:	This Good Faith Estimate explains your therapist's rate 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 Place of Service (in office vs. telemental health) is not delineated above since the charges are identical