



Fee Schedule

CPT Code	Session	Out of Network Insurance Coverage	No Insurance Coverage
90791	Initial consultation (60 min)	\$350	\$300
90834	Individual Therapy (45 min)	\$300	\$250
90847	Family or Couples Therapy (60 min)	\$350	\$300
	Correspondence with a psychiatric nurse practitioners and psychiatrists	No Charge	
	Minimal (under 15 minutes) phone consultation or correspondence	No charge	
	Extensive (over 15 minutes) phone consultation or correspondence	Pro-rated for original cost based on time	
	Missed or failed appointment	Same cost as original session	

I will provide receipts required for out of network insurance reimbursement.

Please note that it is your responsibility to obtain any and all out of network insurance coverage, submit paperwork, and contact your insurance company for reimbursement.

This schedule is merely a guideline and may not represent the final charges due.

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