

FEE SCHEDULE

EFFECTIVE JANUARY 2018 for Jodi Taub, LCSW

CPT code	Sessions	Out of Network Coverage	Without
90807	Initial consultation (45-60 min)	\$300.00	\$200.00
90834	Individual Therapy (45 min)	\$200.00	\$150.00
90847	Family or Couples Therapy (60 min)	\$300.00	\$200.00
	Telehealth Therapy (45 minutes)	\$200.00	
	Divorce Mediation- Court ordered three hours	\$200.00 per hour	
	Review of records	\$200.00 per hour	
	Coordination of care with records	\$200.00 Per hour	
	Minimal phone consultation or correspondence	No charge (Under 10 minutes)	
	Extensive phone consultation or correspondence over 10 minutes	\$200.00 per hour	
	Missed/Failed appointment	\$200.00 (\$300.00 Family/Couples)	

I will provide the 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 is merely an estimate and I cannot guarantee this is the final amount due.

Thank you,

Jodi Taub, LCSW