



## Fee Schedule 2020

CPT code	Session	Out of Network Insurance Coverage	No Insurance Coverage
90791	Initial consultation (60-70 min)	\$300	\$250
90834	Individual Therapy (45-50 min)	\$250	\$200
90847	Family or Couples Therapy (60 min)	\$300	\$300
	Teleconference (45-50 min)	\$250	\$200
	<u>Divorce Mediation (per hour)</u>		
	Court ordered, 3 hour minimum	\$250	
	Review of records	\$200	
	Coordination of care with records	\$200	
	Minimal (under 15 minutes) phone consultation or correspondence	No charge	
	Extensive (over 15 minutes) phone consultation or correspondence	\$200 per hour	
	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.

Thank you,

*Jodi Taub, LCSW*