Powers Ferry Psychological Associates, L.L.C.

1827 Powers Ferry Rd., Bldg. 22, Atlanta, Ga. 30339 770-953-4744 Fax: 770-953-4640

Samantha Chartash, PMHNP-BC, - Fee Schedule & Assignment of Benefits

Annual Administrative Fee		\$10	yearly
 Initial Consultation Sessions 90791 – 53 minutes 		\$325	per hour
• Follow-up Sessions 99212- 99215 – 25 minutes		\$200	per session
• Other Services - to include: report / letter writing, telephone calls longer than 5 minutes, e-mail. prorated based on the amount of time spent at the hourly rate.	s longer than 5 minutes, red	\$175 cord copy	per hour ing, mailing, etc.
Missed/Late Cancellation of an Appointment within less than <u>24</u> hours / days' notice		\$100	
1. I understand that regardless of my insurance status, my account for any professional services rendered.	I am ultimately respor	nsible fo	or the balance on
2. I hereby authorize and request the insurer(s) that I or Samantha Chartash, PMHNP-BC any benefits due under to the following address: 1827 Powers Ferry Rd. Bldg 2	er the terms of this pol	icy for s	
3. I understand and agree to pay the above fee schedul hours or miss the appointment except in case of emerger		у арроіі	ntment within 24
signature of patient or guardian	date		
signature of psychiatric provider	date		