Powers Ferry Psychological Associates, L.L.C.

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

Provider/Therapist Name, Kylie Craine Psy.D., - Fee Schedule & Assignment of Benefits

 Annual Administrative Fee 				\$10
• Initial Consultation Sessions 90791 - at least 50 min and not more than 90	min		\$185	per hour
• Individual Therapy 90837 – 60 minutes			\$165	per hour
• Family / Couples Therapy 90846 without the client - 50 minutes 90847 with the client – 50 minutes			\$185	per hour
• Group Therapy		¢		
90853 – 45 to 60 minutes		\$	per hour	
Psychological Testing MateriPsychological Testing			\$ 200	per hour
Includes administration, scoring, interpre	etation, report writing			
Other Services - to include: report / letter writing, telephone calls longer in	than 5 minutes, e-mails longer than 5 m	inutes, re	\$125 cord copy	per hour ving, mailing, etc.
• Legal Work			\$275	per hour
Missed/Late Cancellation of a within less than 24hours notice	an Appointment or Testing Appo	intment	\$ full f	èe
1. I understand that regardless of my my account for any professional servi		y respoi	nsible fo	or the balance on
2. I hereby authorize and request the, Psy.D. a rendered to the following address: 18:	ny benefits due under the ter	ms of	this pol	licy for services
3. I understand and agree to pay the hours or miss the appointment except		ancel m	y appoi	ntment within 24
signature of patient or guardian	date			_
signature of psychologist	date			