## Powers Ferry Psychological Associates, L.L.C.

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

## Provider Name Elaine Eassa, PH.D., - Fee Schedule & Assignment of Benefits

<ul> <li>Annual Administrative Fee</li> </ul>		\$10	yearly	
<ul> <li>Initial Consultation Sessions</li> <li>90791 - at least 53 min and not more than 90 r</li> </ul>	nin	\$200	per hou	r
<ul> <li>Individual Therapy</li> <li>90837 – ≥ 53 minutes</li> </ul>		\$180	per hou	r
• Family / Couples Therapy 90846 without the client - $\geq$ 53 minutes 90847 with the client - $\geq$ 53 minutes		\$180	per hou	r
• Other Services - to include: \$200 per hour report / letter writing, telephone calls longer than 5 minutes, e-mails longer than 5 minutes, record copying, mailing, etc. prorated based on the amount of time spent at the hourly rate.				
• Legal Work			\$400	per hour
Missed/Late Cancellation of an Appointment or Testing Appointment \$ 180 within less than <u>24</u> hours / days' notice				
1. I understand that regardless of my my account for any professional services.		y respo	nsible for	r the balance on
2. I hereby authorize and request the in Elaine Eassa, Ph.D. any benefits du following address: 1827 Powers Ferry	e under the terms of this poli	cy for s		
3. I understand and agree to pay the a hours or miss the appointment except		ancel m	y appoin	tment within 24
signature of patient or guardian	date			
signature of psychologist	date			