

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

1827 Powers Ferry Road, Building 22, Atlanta, Georgia 30339

770-953-4744 extension 63 Fax: 770-953-4640

## Fee Schedule and Assignment of Benefits for Amy Greenberg, Psy.D., MA

- Annual Administrative Fee \$10 yearly
- Initial Consultation Sessions \$185 per hour  
*90791 - at least 53 min and not more than 90 min*
- Individual Therapy \$175 per hour  
*90837 - ≥ 53 minutes*
- Family / Couples Therapy \$200 per hour  
*90846 without the client - ≥ 53 minutes 90847 with the client - ≥ 53 minutes*
- DBT Individual Therapy \$200 per hour
- DBT Group Therapy \$200 per hour
- Psychological Testing \$215 per hour
- Report / Letter Writing \$175 per hour  
*Rush fee (less than 2 weeks) \$50 additional charge*
- Legal / Court Work – (DEPOSIT REQUIRED) \$375 per hour  
*Includes Phone Consultations, Preparation for Hearing, Travel Time, Court Time, etc.*
- Telephone calls longer than 5 minutes \$175 per hour
- Missed Appointments / Late Cancellations \$175 per hour  
*(LESS THAN 24 HOURS NOTICE ON BUSINESS DAYS)*
- Other Services - to include: \$175 per hour  
*E-mails longer than 5 minutes, record copying, mailing, etc. Prorated based on the amount of time spent at the hourly rate.*

1. I understand that regardless of my insurance status, I am ultimately responsible for the balance on my account for any professional services rendered.

2. I hereby authorize and request the insurer(s) that I or my child am covered under to pay directly to Dr. Amy Greenberg, Psy.D., MA any benefits due under the terms of this policy for services rendered to the following address: 1827 Powers Ferry Road Building 22, Marietta, Georgia. 30339.

3. **I understand and agree to pay the above fee schedule if I fail to cancel my appointment within 24 hours or miss the appointment except in case of emergency. YOUR SIGNATURE BELOW INDICATES THAT YOU UNDERSTAND AND AGREE TO THE FEE SCHEDULE, CANCELLATION POLICY, AND PAYMENT TERMS OUTLINED ABOVE.**

\_\_\_\_\_  
Signature of Patient or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Psychologist

\_\_\_\_\_  
Date