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

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

## Rachel Gustafson, PsyD, - Fee Schedule & Assignment of Benefits

<ul> <li>Annual Administrative Fee</li> </ul>		\$12	yearly
<ul> <li>Initial Consultation Sessions</li> <li>90791 - at least 53 min and not more than 90</li> </ul>	) min	\$195	per hour
<ul> <li>Individual Therapy</li> <li>90837 - ≥ 53 minutes</li> </ul>		\$185	per hour
• Group Therapy 90853 – 45 to 60 minutes		\$75	per hour
• Other Services - to include: report / letter writing, telephone calls longer etc.prorated based on the amount of time spe		\$185 tes, recor	per hour rd copying, mailing
<ul> <li>Legal Work</li> </ul>		\$300	per hour
<ul> <li>Missed/Late Cancellation of a within less than <u>24</u> hours / days' notice</li> </ul>	an Appointment or Testing Appointm	nent	\$185
1. I understand that regardless of my son my account for any professional se		ponsible	e for the balance
2. I hereby authorize and request the ito Rachel Gustafson, PsyD. Any benefits the following address: 1827 Power	efits due under the terms of this poli	cy for s	
3. I understand and agree to pay the a 24 hours or miss the appointment exc		ту арр	oointment within
Signature of Patient or guardian	Date		
Signature of Psychologist	. Date		