## 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 Sharon Price Lightstone, MS, LPC-Fee Schedule & Assignment of Benefits

• Annual Administrative Fee		\$12.	yearly
<ul> <li>Initial Consultation Sessions</li> <li>90791 - at least 53 min and not more than 90 r</li> </ul>		\$200.	per hour
<ul> <li>Individual Therapy</li> <li>90837 - ≥ 53 minutes</li> </ul>		\$150.	per hour
• Family / Couples Therapy 90846 without the client - $\geq$ 53 minutes 90847 with the client - $\geq$ 53 minutes		\$150.	per hour
• Group Therapy 90853 – 45 to 60 minutes		\$TBD	per hour
<ul> <li>Psychological Testing Materia</li> <li>Psychological Testing</li> <li>96130 – 96133, 96136 – 96139</li> <li>Includes administration, scoring, interpre</li> </ul>		\$ TBD	per hour
• Other Services - to include: report / letter writing, telephone calls longer the prorated based on the amount of time spent at	nan 5 minutes, e-mails longer than 5 minutes, reco	\$150. ord copyi	per hour ing, mailing, etc.
• Legal Work		\$150.	per hour
Missed/Late Cancellation of a within less than <u>24</u> hours / days' notice	n Appointment or Testing Appointment	\$150,	
1. I understand that regardless of my my account for any professional services.	insurance status, I am ultimately respon- ces rendered.	sible for	r the balance on
Sharon Price Lightstone, MS, LPC.	nsurer(s) that I or my child am covered Any benefits due under the terms of the 27 Powers Ferry Rd. Bldg 22, Marietta, C	this pol	icy for services
3. I understand and agree to pay the a hours or miss the appointment except	above fee schedule if I fail to cancel my in case of emergency.	appoin	tment within 24
signature of patient or guardian	date		
signature of psychologist	date		