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

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

## Purvita A, Patel, Psy.D., Fee Schedule & Assignment of Benefits

Annual Administrative Fee		\$10	yearly
<ul> <li>Initial Consultation Sessions</li> <li>90791 - at least 53 min and not more than 90 min</li> </ul>		\$ 300	per hour
<ul> <li>Individual Therapy</li> <li>90837 - ≥ 53 minutes</li> </ul>		\$ 250	per hour
<ul> <li>Family / Couples Therapy</li> <li>90846 without the client - ≥ 53 minutes</li> <li>90847 with the client - ≥ 53 minutes</li> </ul>		\$ 250	per hour
Psychological Testing Material Fee		\$ 200	fixed
• Psychological Testing 96130 – 96133, 96136 – 96139 Includes administration, scoring, interpretation, report writing		\$ 200-3	300 per hour
• Other Services - to include: report / letter writing, telephone calls longer than 5 minutes, e-mails longer prorated based on the amount of time spent at the hourly rate.	r than 5 minutes, rec	\$ 250 cord copy	per hour ing, mailing, etc.
• Legal Work (retainer fee of 5 service hours is required)		\$ 400	per hour
• Missed/Late Cancellation of an Appointment or Testin within less than <u>24</u> hours / days' notice for consultation appointment or Testin within less than <u>24</u> hours / days' notice for consultation appointment or Testin within less than <u>24</u> hours / days' notice for consultation appointment or Testin within less than <u>24</u> hours / days' notice for consultation appointment or Testin within less than <u>24</u> hours / days' notice for consultation appointment or Testin within less than <u>24</u> hours / days' notice for consultation appointment or Testin within less than <u>24</u> hours / days' notice for consultation appointment or Testin within less than <u>24</u> hours / days' notice for consultation appointment or Testin within less than <u>24</u> hours / days' notice for consultation appointment or Testin within less than <u>24</u> hours / days' notice for consultation appointment or Testin within less than <u>24</u> hours / days' notice for consultation appointment or Testin within less than <u>24</u> hours / days' notice for consultation appointment or Testin within less than <u>24</u> hours / days' notice for consultation appointment or Testin within the testing that			days' notice fo
1. I understand that regardless of my insurance status, I am u my account for any professional services rendered.	altimately respon	sible fo	or the balance or
2. I hereby authorize and request the insurer(s) that I or my c Purvita A, Patel, Psy.D. any benefits due under the terms of following address: 1827 Powers Ferry Rd. Bldg 22, Marietta,	this policy for		
3. I understand and agree to pay the above fee schedule if I hours for consultation appointments, or 5 days for evaluation except in case of emergency.			
Signature of Patient or Guardian/Responsible Party	Date		
Signature of Provider	Date		