

# 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: Kirsten Railey, PhD, BCBA, NCSP - Fee Schedule & Assignment of Benefits

- Annual Administrative Fee \$10 (one-time yearly fee)
- Initial Consultation Sessions \$300 per hour  
*CPT Code: 90791*
- Individual Therapy \$185 per session  
*CPT Codes: 90837 (53 min. or longer) or 90834 (< 52 min.)*
- Family Therapy \$185 per session  
*CPT Codes: 90846/90847 (approx. 50-55 min.)*
- Educational Consultation with Schools \$250 per hour
  - Phone consultation and participation in school meetings (includes travel time)
  
- Psychological Testing Material Fee \$150-250 (variable, one-time)
  - Only applies if psychological testing is being provided
- Psychological Testing \$200 per hour  
*CPT Codes: 96130-96133, 96136-96139*
  - Includes administration, scoring, interpretation, report writing, and feedback session
  
- Other Related Services \$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/Court Work **(DEPOSIT REQUIRED)** \$375 per hour
  - Retainer fee of 5 hours is required. Includes phone consultations, preparation for court-related work, travel time, time in court, etc.
  
- Missed Appointments/Late Cancellations for Testing \$400 & up
  - Includes cancellations with less than 5-day notice on business days
- Missed Appointments/Late Cancellations (non-testing) \$185 & up
  - Includes cancellations with less than 24-hour notice on business days

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 Kirsten Railey, PhD, BCBA, NCSP. any benefits due under the terms of this policy for services rendered to the following address: 1827 Powers Ferry Rd. Bldg 22, Marietta, Ga. 30339.

3. I understand and agree to pay the above fee schedule if I fail to cancel my appointment within the allotted time (listed above), except in case of emergency.

\_\_\_\_\_  
signature of patient or guardian

\_\_\_\_\_  
date

\_\_\_\_\_  
signature of psychologist

\_\_\_\_\_  
date