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

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

## Kahyah Pinkman PH.D., - Fee Schedule & Assignment of Benefits

<ul> <li>Annual Administrative Fee</li> </ul>	\$12	yearly		
• Initial Consultation Sessions 90791 - at least 53 min and not more than 90 min	\$250	per hour		
• Individual Therapy 90837 – ≥ 53 minutes	\$200	per hour		
• Family Therapy 90846 without the client - ≥ 53 minutes 90847 with the client - ≥ 53 minutes	\$200	per hour		
• Group Therapy 90853 – 45 to 60 minutes	\$75	per hour		
<ul> <li>Educational Consultation</li> </ul>	\$200 per hour			
O Phone consultation and participation in school meetings (includes travel time)				
Psychological Testing Material Fee     Psychological Testing	\$250			
• Psychological Testing 96130 – 96133, 96136 – 96139	\$200	per hour		
Includes administration, scoring, interpretation, report writing				
• Other Services - to include: report / letter writing, telephone calls longer than 5 minutes, e-mails longer than 5 minutes, recorded based on the amount of time spent at the hourly rate.	\$200 cord copyr	per hour ing, mailing, etc.		

- Legal/Court Work (**DEPOSIT REQUIRED**) \$300 per hour
- Missed/Late Cancellation for Testing Appointment \$300
  - O Includes cancellations with less than 5-day notice on business days
- Missed/Late Cancellations (non-testing)
   \$200
  - O Includes cancellations with less than 5-day 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 <u>Kahyah Pinkman</u>, Ph.D. 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 24 hours or miss the appointment except in case of emergency.

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signature of patient or guardian	date	
signature of psychologist	date	