Powers Ferry Psychological Associates, L.L.C.

1827 Powers Ferry Rd., Bldg. 22, Atlanta, Ga. 30339
227 River Park N. Dr., Woodstock, Ga. 30188
770-953-4744 Fax: 770-953-4640

Provider Name Rachel Middendorf, Psy.D., - Fee Schedule & Assignment of Benefits

- Annual Administrative Fee $12 yearly
- Initial Intake/Consultation Sessions $ 195 per hour
  CPT Code: 90791
- Individual Therapy $ 185 per hour
  CPT Codes: 90837 or 90834
- Family Therapy $ 185 per hour
  CPT Codes: 90846 or 90847
- Group Therapy $ 100 per person per session
  CPT Code: 90853
- Educational Consultation $ 250 per hour
  - Phone consultation and participation in school meetings (includes travel time)
- School Observation $250 per hour
  - Observing child at school (includes travel time)

- Psychological Testing Material Fee $ 200-250 one time fee
- Psychological Testing $ 250 per hour
  CPT Codes: 96130 – 96133, 96136 – 96139
  - *Includes administration, scoring, interpretation, report writing, and feedback session*
- Other Services: $ 185-250 per hour
  - *Report/letter writing, telephone calls longer than 15 minutes, e-mails longer than 15 minutes, record copying, mailing, etc. prorated based on the amount of time spent at the hourly rate.*

- Legal Work (**DEPOSIT REQUIRED)** $ 500 per hour
  - *Retainer fee of 4 hours is required. Includes phone consultations, preparation for court-related work, travel time, time in court, etc.*

- Missed/Late Cancellation of a Testing Appointment
  - $ 250 per hour for each scheduled hour
  - Includes cancellations with less than 5-day notice on business days

- Missed/Late Cancellation of a Non-Testing (e.g.- therapy) Appointment $185-250 per hour
  - Includes cancellations with less than 24 hours 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 Rachel Middendorf, Psy.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 or 227 River Park N. Dr., Woodstock, Ga. 30188.

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