



FEE SCHEDULE

The No Surprises Act (implemented in January 2022) is targeted foremost at facilities such as hospitals in order to protect consumers against unexpected medical bills. Prior to intake at CFMD, new patients/families are informed of our practices verbally and through the written Office Policies which are available online. In an effort to ensure continued transparency, we are now providing this written fee schedule, available online for future reference.

Upon request, a Good Faith Estimate is available in a written document that is clear and understandable; orally provided when the service is scheduled or when the patient asks about costs, and available in the language(s) spoken by the patient.

Initial Evaluation (Child/Adolescent, 3 hours over two sessions)	\$880.00
Initial Evaluation (Adult, 2 hours in one session)	\$590.00
Medication management (30 minutes) Frequency ranges between every two weeks to four months depending on patient needs and requirements to safely monitor medications.	\$210.00
Psychotherapy (50 minutes) Frequency ranges from weekly to monthly, depending on patient needs	\$290.00

Missed Appointments and Late Cancellations (less than 24 hours' notice) are billed at half the rate

Forms/Documents/Reports completed and submitted outside of session	\$5/minute
Prior Authorizations greater than 15 minutes Electronic prior authorizations may be completed in less than 10 minutes. Prior authorizations necessitating phone contact or appeals for initial rejections may require as long as 45 minutes.	\$5/minute

I understand the fee schedule as above, and that payment is required at time of service. I will be notified if there are any fee changes that pertain to my/my child's care.

Signature of Patient or Financially Responsible Party

Date

Printed Name of Patient or Financially Responsible Party