



**FEE SCHEDULE FOR SERVICES**

*Effective March 1, 2010*

3-C Family Services, P.A. provides services at the following rates:

<b>Intake Appointments</b>	<b>Session Time</b>	<b>Rates</b>
Psychiatrist (M.D.)	75 - 90 minutes	\$325. <sup>00</sup>
Psychologist (Ph.D.)	50 minutes	\$170. <sup>00</sup>
Licensed Psychological Associate (LPA)	50 minutes	\$170. <sup>00</sup>
Licensed Clinical Social Worker (LCSW)	50 minutes	\$170. <sup>00</sup>

<b>Individual and Family Therapy</b>	<b>Session Time</b>	<b>Rates</b>
Psychiatrist (M.D.)	45 - 50 minutes	\$195. <sup>00</sup>
Psychologist (Ph.D.)	50 minutes	\$145. <sup>00</sup>
Psychologist (Ph.D.)	20 - 30 minutes	\$110. <sup>00</sup>
Licensed Psychological Associate (LPA)	50 minutes	\$130. <sup>00</sup>
Licensed Clinical Social Worker (LCSW)	50 minutes	\$130. <sup>00</sup>

<b>Group Therapy</b>	<b>Session Time</b>	<b>Rates</b>
	30 - 60 minutes	\$80. <sup>00</sup>
	90 minutes	\$95. <sup>00</sup>
	90+ minutes	TBA

**Psychological Testing**

The rate for psychological testing is **double the rate for a 50 minute session** for the type of clinician listed above under **Individual and Family Therapy**. This doubled rate covers 1 hour for client's face-to-face testing with clinician and 1 hour for clinician's scoring and report writing.

<b>Medication Management</b>	<b>Session Time</b>	<b>Rates</b>
Psychiatrist (M.D.)	20 - 30 minutes	\$145. <sup>00</sup>
Psychiatrist (M.D.)	15 minutes	\$95. <sup>00</sup>

*Per the Health Insurance Portability and Accountability Act (HIPAA) this information is strictly confidential.*



**FEE SCHEDULE FOR SERVICES**

*Effective March 1, 2010*

**Other Fees**

Clients can be charged for other services performed and/or provided by 3-C Family Services ("3-C FS") in 15 minute increments for report writing, telephone conversations lasting longer than 11 minutes, consulting with other professionals/clinicians upon client's written consent preparation of records or treatment summaries and clinician's time spent performing and/or providing any other services requested by the client. If a client becomes involved in legal proceedings that require participation from his/her clinician(s) then the client will be expected to pay for **all** of his/her clinician(s) professional time including but not limited to preparation time and transportation costs including clinician's(s') time and cost if called to testify by another party. Because of the difficulty of legal involvement; 3-C FS clinicians **charge double the rate for a 50 minute session** for the type of clinician listed above under **Individual Family Therapy** for preparation and attendance at any legal proceeding.

3-C FS reserves the right to alter and update the *Fee Schedule for Services* at any time. All clients will be notified of any changes in fees at least 2 weeks prior to the change occurring through a notice mailed to client's current mailing address on file with 3-C FS.

**24 Hour Notice of Cancellation**

3-C FS **requires a 24 hour notice of cancellation** of any client's appointment(s) and/or services. If 3-C FS does not receive notice for cancellation within 24 hours, clients will be charged the full rate for the scheduled appointment(s) or services missed.

By signing below I, \_\_\_\_\_, acknowledge  
*(Print) Client's Full Name*

that I understand and accept all the information listed in the above *Fee Schedule for Services* provided by 3-C Family Services and I agree to provide payment for services on the day that services are rendered.

\_\_\_\_\_  
*Client's Signature (required for client's 18 years or older)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent's or Legal Guardian's Signature (required for minor clients 17 years old or younger)*

\_\_\_\_\_  
*Date*

*Per the Health Insurance Portability and Accountability Act (HIPAA) this information is strictly confidential.*