



**FEE SCHEDULE FOR SERVICES**

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

<b>Intake Appointments:</b>	<b>Time:</b>	<b>Rates:</b>
Psychiatrist	75-90 minutes	\$300.00
Psychologist	50 minutes	\$160.00
Master level Psychologist	50 minutes	\$160.00
Clinical Social Worker	50 minutes	\$160.00
Licensed Professional Counselor	50 minutes	\$160.00
<b>Individual and Family Therapy:</b>		
Psychiatrist	45-50 minutes	\$185.00
Psychologist	50 minutes	\$135.00
Psychologist	20-30 minutes	\$67.50
Master level Psychologist	50 minutes	\$120.00
Clinical Social Worker	50 minutes	\$120.00
Licensed Professional Counselor	50 minutes	\$120.00
<b>Group Therapy:</b>		
	30-60 minutes	\$75.00
	90 minutes	\$90.00
<b>Psychological Testing:</b>	Rate is doubled the hourly rate for this professional (one hour actual testing, one hour for scoring and report writing). Please be aware that actual testing often takes more than one hour.	
<b>Medication Management with Psychiatrist:</b>	20-30 minutes	\$135.00
	15 minutes	\$85.00

Please be aware that you can be charged for other services, in 15-minute increments (see Individual and Family Therapy rates above using the 50 min schedule), for report writing, telephone conversations lasting longer than 11 minutes, consulting with other professionals with your permission, preparation of records or treatment summaries, and the time spent performing any other service you may request from us. If you become involved in legal proceedings that require our participation, you will be expected to pay for all of our professional time, including preparation and transportation costs, even if we are called to testify by another party. Because of the difficulty of legal involvement, we charge double the rate for preparation and attendance at any legal proceeding.

3-C Family Services, P.A. reserves the right to alter the fee schedule at any time. All clients will be notified of changes in fees at least 2 weeks prior to the change occurring.

We require a 24 hour notice of cancellation of your appointment. If we do not receive notice of cancellation, we reserve the right to charge you the full amount of your appointment for time missed.

I understand and accept the above fee schedule and agree to provide payment for services on the day that services are rendered.

\_\_\_\_\_  
Signature of Responsible Party

\_\_\_\_\_  
Date

(rev. 09/08)YSE