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This is our standard fee schedule. These are the fees you will be expected to pay unless otherwise negotiated in advance with your doctor.

Initial Psycho diagnostic Interview:	**$240**
Psychotherapy 45-50 mins:	**$190**
Family Therapy 45-50mins:	**$190**
Preparation of material for an attorney, per 50 mins:	**$190**
Testimony by deposition, per hr including travel time:	**$400**
Courtroom Testimony, per hr including travel time:	**$800**
Returned Check Fee:	**$25**
Late Cancellation / No Show Fee:	**Up to $190**

The above table represents our standard fees. This schedule includes a vast majority of our services. A complete schedule is available upon request.

Your signature below signifies that you have read this fee schedule and understand it as a part of the Patient Services Agreement.

Signature_____ Date_____

Or Parent/ Guardian or Personal Representative_____

If the patient is either underage or has a guardian appointed by court, this agreement must be signed by the patients legal guardian. If the agreement is signed by personal representative of the patient, a legal description of such representatives authority to act for the patient must be provided.