



# Pittsboro Pediatric Psychology & ADHD Clinic

## FEE SCHEDULE

Effective October 21, 2024

Fees, or the appropriate co-payments, are payable in full at each session. Please make checks payable to "Pittsboro Pediatric Psychology & ADHD Clinic." Major credit cards accepted. HAS cards accepted for allowable expenses.

<b>Initial Intake Interview</b> .....	<b>\$270</b>
<b>Individual Therapy (Brief) Session</b> , per 16-37 minute session.....	<b>\$125</b>
<b>Individual Therapy (Standard) Session</b> , per 38-52 minute session.....	<b>\$160</b>
<b>Individual Therapy (Extended) Session</b> , per 53+ minute session.....	<b>\$235</b>
<b>Family Therapy (Standard) Session</b> , per session, typically approx. 50 min.....	<b>\$200</b>
<b>Psychological Testing (by psychologist)</b> , per hour Administration, scoring, and interpretation by psychologist.....	<b>\$200</b>
<b>Psychological Testing (by computer)</b> , per hour Administration and scoring by computer, interpretation by psychologist.....	<b>\$100</b>
<b>Court-Related Work</b> Document preparation, court appearances, travel time, telephone consultations, and other court preparation. This fee is the responsibility of the party requesting the information or issuing the subpoena, is not reimbursed by insurance, and must be paid in advance. Per hour.....	<b>\$300</b>
<b>Telephone Consultation</b> , per hour (prorated) Calls longer than five (5) minutes, including telephone interviews and consults with teachers, doctors, etc., are prorated at the Individual Therapy rate. Not reimbursed by insurance.....	<b>\$200</b>
<b>Document Preparation</b> , per hour (prorated) Document preparation (letters, memos, treatment summaries, etc. <i>not for court</i> ) is prorated at the Individual Therapy rate. Not reimbursed by insurance.....	<b>\$200</b>
<b>Duplication, including extra copies of reports</b> Copies of records to be sent to other providers, attorneys, insurance companies, etc. Not reimbursed by insurance (\$0.75/page 1-25, \$0.50/page 26-100, \$0.25/page 101+).....	<b>\$10 (min)</b>
<b>Returned Check Fee</b> Pass-through charge of bank fee. Not reimbursed by insurance.....	<b>Bank rate</b>

During the course of therapy, it may become necessary to increase fees to compensate for increased costs.