



**GOOD FAITH ESTIMATE**  
**TABLE OF SERVICES AND FEES**

Client Name: \_\_\_\_\_

Date of Service (If Known)	Service code (CPT Code)	Description	Fee for Service (Number of Sessions Will Be Determined as We Progress)
	90791	Initial Diagnostic Evaluation	\$175
	90834	Psychotherapy, 38-52 minutes	\$125
	90837	Psychotherapy ≥ 53 minutes <u>(This fee is my hourly rate &amp; used for all prorated calculations as indicated)</u>	\$150
	90839	Psychotherapy for a Crisis (30-74 minutes)	\$180
	+90840	Psychotherapy for a Crisis (add on code for each additional 30 mins)	\$50
	90846	Family Psychotherapy without Patient Present, 50 minutes	\$150
	90847	Family Psychotherapy with Patient Present, 50 minutes	\$175
	90832	Consultation (20 minutes)	\$50
	98966-98968	Telephone Assessment & Management	Prorated based on the amount of time spent at hourly rate
	98970-98972	Online Digital Evaluation & Mgt (Responding to Email & Text Messages)	Prorated based on the amount of time spent at hourly rate
	Cancelation Fee	Your Therapist Requires a 24-Hour Cancelation Fee	\$65
	Production of Records		Prorated based on the amount of time spent at hourly rate
	Total Estimate:	This Good Faith Estimate explains your therapist's rate for each service provided. Your therapist will collaborate with you throughout your treatment to determine how many sessions and/or services you may need to receive the greatest benefit based on your diagnosis(es)/presenting clinical concerns.	

Please note that Place of Service (in office vs. telemental health) is not delineated above since the charges are identical.

HopScotch Clinical Services, LLC

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