

CAPITAL CITY PSYCHIATRY

DIPLOMATE, AMERICAN BOARD OF PSYCHIATRY AND NEUROLOGY,

DIPLOMATE, AMERICAN BOARD OF ADDICTION MEDICINE

2606 CENTENNIAL PL, TALLAHASSEE, FL 32308 PHONE: (850) 205-0189 FAX: (850) 329 – 2903

Patient Acknowledgement Form – Price Guide

Please be aware that the providers that practice at Capital City Psychiatry are in-network with Capital Health Plan (CHP), traditional Medicare (MCR) and Commercial United HealthCare (UHC) plans including UMR and most GEHA plans.

For patients with OUT-OF-NETWORK insurance, we will not be able to submit your claim if your insurance is OUT-OF-NETWORK with our practice. It is best that you contact the member service number on the back of your insurance card to not only find out how to submit your claim directly to your insurance company, but also, to familiarize yourself about your out-of-network benefits to determine approximately how much your insurance company will reimburse you for your out-of-pocket costs. Upon request, our staff will provide the necessary documents to allow you to submit your claim to your insurance company.

The following is a list of our prices for services that our office may bill you for depending on the services you have requested. Please note, our providers may suggest additional services depending on your treatment plan and will discuss these options with you prior to scheduling these services. Please be familiar with the costs of these services and be aware you will be responsible for these added costs if you agree for these additional services.

Psychiatry (medication management)

Price New Patient Office visit

\$245.00 99204

\$313.00 99205

Price Established Patient Office visit (multiple codes may apply)

\$128.00 99213

\$182.00 99214

\$255.00 99215

\$103.00 90833

\$130.00 90836

Price Telephone Call

\$80.00 99441

\$126.00 99442

\$177.00 99443

Price Hospital Follow Up Visit

\$289.00 99495

\$388.00 99496

MAX Out-of-Pocket cost for office visit: \$388.00

Psychological Testing

(All codes apply – some codes billed in multiples units)

Price Code

\$171.00 96130

\$528.00-\$792.00 96131

(Autism testing \$792.00-\$1,188.00 96131)

\$66.00 96136

\$61.00 96137

MAX Out-of-Pocket cost for Psychological Testing: \$1,090.00

MAX Out-of-Pocket cost for Autism Testing: \$1,486.00

Therapy (Price based on provider type)

Psychologist (PhD/CGP)	LCSW/LMFT/LHC	Code
\$236.00	---	90791
\$214.00	\$140.00	90837

MAX Out-of-Pocket cost for Therapy: \$230.00

** Prices subject to change. Patients will be notified of changes and are required to sign updated form prior to appointment.*

By signing this form, you acknowledge that you are aware of the potential costs associated with your visit with the providers at our office and are responsible for paying the out-of-pocket costs at the time of your visit.

Print Name

Signature

Date