

Price Guide Estimate for OUT OF NETWORK (SELF PAY) PATIENTS *estimate only, prices subject to change

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

Following is an ESTIMATE of prices for services that our office may bill you depending on the services required. Please note, this is an estimate based on information known at the time the price guide was created. Prices are based on a percentage of Medicare allowed amounts and are SUBJECT TO CHANGE AT ANY TIME WITHOUT PRIOR NOTICE. The price information provided is an estimate and actual services, as well as prices, may differ from the prices provided below. Our providers may suggest additional services depending on your treatment plan and will discuss these options with you prior to scheduling those services. Please be familiar with the estimated costs of these services and be aware you will be responsible for added costs if you agree to additional services.

OUT OF NETWORK/SELF PAY Psychiatry (medication management) - estimate only, prices subject to change

Price	New Patient Office visit
\$284.00	99204
\$381.00	99205
\$324.00	90792

Price	Established Patient Office visit (multiple codes may apply)
\$151.00	99213
\$216.00	99214
\$307.00	99215
\$131.00	90833
\$165.00	90836
\$219.00	90838

Price	Psychotherapy Services
\$136.00	90832
\$181.00	90834
\$265.00	90837

Price	Hospital Follow Up Visit
\$349.00	99495
\$473.00	99496

OUT OF NETWORK/SELF PAY Psychological Testing (All codes apply – some codes billed in multiples units) - estimate only, prices subject to change

Price	Code
\$198.00	96130
\$548.00-\$1370.00	96131
Autism testing \$1096.00-\$1370.00	96131
\$69.00	96136
\$58.00	96137

OUT OF NETWORK/SELF PAY Therapy (Price based on provider type) - estimate only, prices subject to change

Psychologist (PhD/CGP)	LCSW/LMFT/LHC	Code
\$275.00	206.00	90791
181.00	136.00	90834
265.00	199.00	90837

***Jeffrey Ferraro LLC dba WellStead Mental Health**

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. You also acknowledge the prices provided are only an estimate and subject to change without prior notice.

Print Name

Signature

Date