



WestArbor Psychological Services

Formerly: Sullivan, Nolan & Associates, P.C.

3700 West Liberty Rd.
Ann Arbor, MI 48103
Ph. (734) 426-0032
FAX (734) 426-0034
westarborpsych.com

2023 Listing of Costs for Services Provided Updated: August 1, 2023

In the spirit of the No Surprises Act we are providing this list of services you might expect to receive through one of our providers along with the cost of each service. **These are what you would be responsible for paying if you ARE NOT using insurance, if your insurance is DENIED or CANCELED, or if you have a DEDUCTIBLE that has not yet been met.** Please contact our billing office (248-997-8641) if you have any questions about a bill you have received from us.

THERE ARE THREE PAGES TOTAL

These pages include the charges and codes for therapy, testing, and charges that you may incur, but cannot be billed to insurance.

PLEASE NOTE: PERIODICALLY WE REVIEW AND CHANGE OUR FEES. SHOULD THIS HAPPEN, WE WILL PROVIDE YOU WITH A LISTING OF ANY RELEVANT UPDATED FEES

Payment for services can be made in the following ways:

- 1) You can request a **paper statement** be mailed to you and you can send in a check or credit card information, or call our billing service (248-997-8641) to make a payment over the phone
- 2) You can request an **email/electronic statement** and pay online through a secure payment portal
- 3) You can request our billing service to **store your credit card/HSA information** and they will charge it monthly for any co-pays/charges incurred.

Clinical Services (therapy)

CPT Code	Description	Amount Charged
90791 (T)	Initial Diagnostic Session, Telehealth (T) or In-Person	\$225
90837 (T)	Psychotherapy Session 50-60 minutes Telehealth (T) or In-Person	\$200
90834 (T)	Psychotherapy Session 45-49 Minutes Telehealth (T) or In-Person	\$175
90832 (T)	Psychotherapy Session 30 Minutes Telehealth (T) or In-Person	\$150

90785 (T)	Interactive Complexity 30 Minutes Telehealth (T) or In-Person	\$99
90839 (T)	Psychotherapy for Crisis 50-60 Minutes Telehealth (T) or In-Person	\$200
90847 (T)	Family/Conjoint Psychotherapy With Client Present up to 60 Minutes Telehealth (T) or In-Person	\$185
90846 (T)	Family/Conjoint Psychotherapy Without Client Present up to 60 Minutes Telehealth (T) or In-Person	\$185

Clinical Services (testing)

Code	Description	Amount Charged
90791 (T)	Psychiatric diagnostic evaluation, 60 Minutes, Telehealth (T) or In Person	\$225
96136 (T)	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional , two or more tests, any method, first 30 minutes, Telehealth (T) or In-Person	\$90
+ 96137 (T)	Psychological Test Administration and Scoring by a Psychologist Each Additional 30 Minutes Telehealth (T) or In-Person	\$80
96132 (T)	Neuropsychological Testing by physician or other qualified health care professional , including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s), when performed; Telehealth (T) or In-Person	\$220
+ 96133 (T)	Neuropsychological Testing Each Additional Hour Telehealth (T) or In-Person	\$170
96138 (T)	Psychological or neuropsychological test administration and scoring by technician , two or more tests, any method; first 30 minutes Telehealth(T) or In-Person	\$75
+ 96139 (T)	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes, Telehealth(T) or In-Person	\$75
96146	Psychological or neuropsychological test administration, with single automated instrument via electronic platform, with automated result only, Telehealth(T) or In-Person	\$80
96130 (T)	Psychological testing evaluation services by physician or other	\$200

	qualified health care professional , including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour Telehealth (T) or In Person	
+ 96131 (T)	Each Additional Hour Telehealth (T) or In-Person	\$160

Additional Possible Charges

These charges are not able to be billed to insurance and; therefore, will ALWAYS be the responsibility of the client

<i>Description</i>	<i>Fee</i>
No-Show/Missed appointment	\$60
Late Cancel (Less than 24 hours prior to scheduled appt)	\$60
Time in Session Beyond 60 minutes	\$44 for each 15-minute
Telephone Call Longer Than 15 Minutes	\$44 for each additional 15 minutes
Court Fees - including but not limited to: phone calls/emails/meetings with lawyers, reviewing and preparing documents, testifying, being in attendance/time in court, and any other case-related costs such as travel time to and from the court.	\$500 flat fee for the initial hour or part thereof, \$500/hour for any additional time, this can be prorated by 15-minute increments

Please sign and date below, then upload to your client portal to indicate you have received this document

Print Name of Client

_____/_____/_____
Client's Birthday

Print Name of Responsible Party

Signature of Responsible Party

Date