



## WestArbor Psychological Services

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

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## 2025 Listing of Costs for Services Provided Effective: April 1, 2025

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 FOUR 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 REVIEW EACH PAGE AND SIGN THE LAST ONE.** Once you have signed, **UPLOAD** it to your portal.

**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 way:**

We have a payment portal set up to make it easier for you to pay your balance, check previous payments and download/print statements if you need to submit them for insurance or tax purposes.

Within a week of your first visit, our billing office will generate your **patient id** and will **text and/or email** it to you along with this web address link: [pay.instamed.com/westarbor.psych](https://pay.instamed.com/westarbor.psych). When you are setting up your account in this portal make sure you choose how you would like to receive statements. You can choose either email or paper statements. Payments can be made through this portal and you can choose if you would like to store a preferred payment (credit card/HSA/debit card) **NOTE THIS PAYMENT PORTAL IS DIFFERENT FROM YOUR CLIENT PORTAL USED FOR INTAKE PAPERWORK**

	<b>CPT Code</b>	<b>Description</b>	<b>Amount Charged</b>
<b>Therapy Codes:</b>	90791 (T)	Initial Diagnostic Session, Telehealth (T) or In-Person	\$245
	90837 (T)	Psychotherapy Session 50-60 minutes Telehealth (T) or In-Person	\$215
	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

	<b>Code</b>	<b>Description</b>	<b>Amount Charged</b>
<b>Testing Codes:</b>	90791 (T)	Psychiatric diagnostic evaluation, 60 Minutes, Telehealth (T) or In Person	\$225
	96136 (T)	Psychological or neuropsychological test administration and scoring <b>by physician or other qualified health care professional</b> , 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 <b>by physician or other qualified health care professional</b> , 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	\$75

		scoring <b>by technician</b> , two or more tests, any method; first 30 minutes Telehealth(T) or In-Person	
	+ 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 <b>single</b> automated instrument via electronic platform, with automated result only, Telehealth(T) or In-Person	\$80
	96130 (T)	Psychological testing evaluation services <b>by physician or other qualified health care professional</b> , 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	\$200
	+ 96131 (T)	Each Additional Hour Telehealth (T) or In-Person	\$160

**Additional Possible Charges and Signature Line Listed on Page 4**

## **Additional Possible Charges**

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

<b>Description</b>	<b>Fee</b>
No-Show/Missed appointment	\$100
Late Cancel (Less than 24 hours prior to scheduled appt)	\$100
Time in Session Beyond 60 minutes	\$44 for each 15-minutes
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