

Outpatient Services/Fees	Total Charge	Self pay Therapist Rate	Self pay APRN Rate	Enter your Insurance Allowable	Enter your deductible owed	Your estimated responsibility or balance due to meet deductible
90791 INITIAL PSYCH DIAGANOSTIC EVAL	\$ 210.00	\$ 75.00	\$ 105.00			
90792 PSYCH DIAGNOSTIC W/MED	\$ 260.00	\$ 130.00	NA			
90806 INITIAL TREATMENT PLAN	\$ 130.00	\$ 50.00	NA			
90812 OP THERAPY 60 MINS	\$ 130.00	\$ 50.00	NA			
90832 OP THERAPY 25-37 MIN	\$ 90.00	\$ 35.00	NA			
90834 OP THERAPY 45 MIN	\$ 130.00	\$ 50.00	NA			
90837 OP THERAPY 60 MIN	\$ 130.00	\$ 50.00	NA			
90846 OP FAM THERAPY W/O PT 1 HR	\$ 130.00	\$ 50.00	NA			
90847 OP FAM THERAPY W/PT 1 HR	\$ 130.00	\$ 50.00	NA			
90853 OP CDIOP INTENSIVE 3 HR GRP	\$ 240.00	\$ 120.00	NA			
99213 OP ESTAB E/M 15 MINS	\$ 79.00	NA	\$ 35.00			
99214 OP ESTAB E/M 25 MINS	\$ 100.00	NA	\$ 50.00			
96372 OP INJECT/MED TRAIN/SUPPORT	\$ 50.00	NA	\$ 10.00			

The estimated charges provided on this page is intended to give patients an estimate of the prices and payments for the more commonly provided services at this hospital. This information is an estimate only and is in no way a quote or a guarantee of the amount that you will owe or what the charges for a service will be. The estimates cannot and should not be relied on as the actual charges and/or payments you will be responsible for paying, as the actual charges and/or payments may be either lower or higher than the estimates depending upon many factors – including, but not limited to, your physician's treatment choices, actual services rendered, complications and your particular health care needs. The estimates are based on the information you enter.

If you have insurance coverage, your insurance policy coverage (including deductibles, network coverage, co-pay, co-insurance and out-of-pocket maximums) will help determine the amount you will be responsible for.