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Neuropsychology, Clinical Psychology, and Consulting Services

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Fee Schedule

My fees are consistent with governmental guidelines suggested by the Health Care Financing Administration (HCFA), reimbursement schedules of most insurance companies, and with those charged by other local psychologists. My contract with individual insurance companies may require me work within their fee structure. While my fees remain constant, final charges to my patients may be adjusted to account for insurance rates of reimbursements, required write offs, etc.

Clinical Services				
Service	CPT Code	Description	Time Range (mins)	Fee per hour
Initial Diagnostic Interview	90791 Initial Interview	Initial visit for treatment or evaluation of a mental health condition, including setting up an account, filling out insurance papers and treatment plans, and any initial testing.	38-60	\$240
Individual Psychotherapy	90833 Psychotherapy	30-minute counseling	16-37	\$120
Individual or Family Psychotherapy	90834 Psychotherapy 90846 Family w/o patient 90847 Family w/ patient	45-minute counseling	38-52	\$180 (Standard Clinical Rate)
Individual Psychotherapy	90837 Psychotherapy	60-minute counseling	53-75	\$230
Individual Psychotherapy	90837 Psychotherapy with added extended service modifier- 22	90-minute counseling	>75	\$250
Neurobehavioral Status Examination	96116 First hour 96121 Each additional hour	Initial visit for evaluation of a medical/ neurological condition, including setting up an account, filling out insurance papers and treatment plans, and any screening testing.	38-60	\$240 \$180
Psychological/Neuropsychological Testing Evaluation Services	96130 Psych Testing 1 st hour 96131 Each additional hour 96132 Neuropsych Testing 1 st hour 96133 Each additional hour	Professional time involved in planning and interpreting tests, records review, talking with other doctors, and report preparation.	38-60	\$200 \$180
Psychological/Neuropsychological Test Administration by Psychologist	96136 30 minutes 96137 each additional 30 minutes	Psychologist time required to administer and score 2 or more tests.	16-37	\$100
Psychological/Neuropsychological Test Administration by Technician	96138 30 minutes 96139 each additional 30 minutes	Technician time required to administer and score 2 or more tests.	16-37	\$75

Forensic Services and Policies

Services conducted in a forensic context (per hour), including case/records review, consultation, and case preparation Billed in 30-minute increments: 1-30mins = 0.5hr; 31-60 = 1.0hr	60	\$250
Deposition or Court Testimony (per hour) First hour: 1-60 minutes; each additional hour billed in 30-minute increments, as above	60	\$300
Deposition/Court Wait Time (per hour from entering to leaving the trial setting not spent in testimony) Billed in 30-minute increments, as above	60	\$180
Travel time per hour, round trip from office (per hour) Billed in 30-minute increments, as above	60	\$150

Forensic Cancellation Policies:

- No charge for cancellations of examination, depositions, or testimony given seven days or more notice.
- 24hr to 6 days: 50% of standard clinical rate for total time reserved in my schedule, not including prior case preparation time
- Less than 24hrs notice: 100% of standard clinical rate, excluding case consultation and preparation time prior to cancellation.

WA Statewide Payee Number: SWV002227000 - WA DCYF FamLink Provider ID: 205272
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