

Stephen S. Meharg, Ph.D., ABN

Neuropsychology, Clinical Psychology, and Consulting Services

Licensed Psychologist - WA# 1656
Center for Memory and Learning
945 – 11th Avenue Suite A - Longview, Washington 98632

Phone: (360) 414-8600 ext. 130
Fax: (360) 636-7372 fax
www.cfmal.com - smeharg@cfmal.com

Fee Schedule

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

Service	Description	Time Range (mins)	CPT Code	Fee per hour
Initial Diagnostic 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 emotional/personality screening testing.	38-60	90791 Initial Interview	\$240
Individual or Family Psychotherapy	30-minute counseling	16-37	90832 Psychotherapy	\$120
Individual or Family Psychotherapy	45-minute counseling	38-52	90834 Psychotherapy 90846 Family w/o patient 90847 Family w/ patient	\$180 (Standard Clinic Rate)
Individual or Family Psychotherapy	60-minute counseling	53-75	90837 Psychotherapy	\$230
Individual or Family Psychotherapy	90-minute counseling	>75	90837 Psychotherapy	\$250
Neurobehavioral Status Examination	Initial visit for evaluation of a medical/neurological condition, including setting up an account, filling out insurance papers and treatment plans, and any initial mental status screening testing.	38-60	96116 First hour 96121 Each additional hour	\$240 \$180
Psychological/Neuropsychological Testing Evaluation Services	Professional time required in planning and interpreting tests, records review, talking with other doctors, and report preparation. These activities are often done without the patient present. Post-assessment feedback sessions are also billed using these codes.	38-60	96130 Psych Testing 1 st hour 96131 Each additional hour 96132 Neuropsych Testing 1 st hr 96133 Each additional hour	\$200 \$180 \$200 \$180
Psychological/Neuropsychological Test Administration by Psychologist	Psychologist time required to administer and score 2 or more tests.	16-37	96136 30 minutes 96137 each additional 30 minutes	\$100 \$100
Psychological/Neuropsychological Test Administration by Technician	Technician time required to administer and score 2 or more tests.	16-37	96138 30 minutes 96139 each additional 30 minutes	\$75 \$75

Forensic Services & Policies

Services in a forensic context, including case consultation, records review, interviews, testing, report writing, and trial preparation Billed in 30-minute increments: 1-30mins = 0.5hr; 31-60 = 1.0hr	\$250
Deposition or Court Testimony First hour: up to 60 minutes; each additional hour billed in 30-minute increments	\$300
Deposition/Court Wait Time (per hour from entering to leaving the trial setting not spent in testimony) Standard clinic rate billed in 30-minute increments	\$180
Travel time to examinee or trial/deposition venue, per hour, round trip from my office Billed in 30-minute increments. Local travel <10 minutes typically not billed.	\$150
Lodging, meals, travel, etc. for overnight or long-distance travel	Negotiated

Forensic Cancellation Policies:

- No charge for cancellations of examination, depositions, or testimony given seven days or more notice.
- 24hrs to 6 days: 50% of standard clinical rate for time reserved in clinic schedule, excluding case preparation time prior to cancel notice.
- Less than 24hrs: 100% of standard clinical rate for time reserved in clinic schedule, excluding case preparation time prior to cancel notice.

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

Northwest Psychological Resources, LLC (revenue receiving entity) Tax ID: 91-1854138

October, 2023