

**Fee Schedule Agreement Form**  
*Effective 6/1/22*

The following listing represents the most common fees provided by Signature Health providers. Each patient or their parent/guardian is responsible to pay their fees to the extent that insurance or other sliding fee scale programs or discounts cannot be applied.

<b>CPT Code</b>	<b>Service Description</b>	<b>Charge Amount</b>	<b>Units</b>
90791	Intake Assessment	\$222.00	Per Visit
90853	Group Therapy	\$ 64.00	Per Group
90834	Counseling (45 Min)	\$150.00	Per Session
90837	Counseling (60 Min)	\$168.00	Per Session
99203	New Patient Visit, Level 3*	\$217.00	Per Visit
99204	New Patient Visit, Level 4*	\$326.00	Per Visit
99213	Established Patient Visit, Level 3*	\$138.00	Per Visit
99214	Established Patient Visit, Level 4*	\$204.00	Per Visit
99215	Established Patient Visit, Level 5*	\$287.00	Per Visit
99385	Prevent. Care, New Pt, Age 18-39	\$265.00	Per Visit
99386	Prevent. Care, New Pt, Age 40-64	\$289.00	Per Visit
99395	Prevent. Care, Est. Pt, Age 18-39	\$221.00	Per Visit
99396	Prevent. Care, Est. Pt, Age 40-64	\$242.00	Per Visit
H2020	Partial Hospitalization Program	\$200.00	Per Session
H0015	Intensive Outpatient Program	\$200.00	Per Session
87086	Urine Screen Collection	\$ 8.00	Per Screen

*\*Level of care will be determined by the provider*

Patient Name: \_\_\_\_\_  
 (Please print) First Name Middle Initial Last

Guarantor Name: \_\_\_\_\_  
 (Please print) First Name Middle Initial Last

\_\_\_\_\_  
 Patient / Guarantor Signature Date

**Full Fee Schedule Available upon Request**