



Allison McDonald, LMFT
 EMDR Trained, Brain Spotting Trained (Phase 1&2)
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Good Faith Estimate For Service Provided

CPT Code	Description	Charge
90791	Diagnostic Evaluation (45 -50 Minutes)	\$140.00
90832	Psychotherapy (20 - 30 Min Scheduled Mini Session/Add on Time to Hr)	\$75.00
90834	Psychotherapy (32 - 45 Minute Session)	\$140.00
90837	Psychotherapy (50 - 60 Minute Session)	\$140.00
90846	Family Psychotherapy w/out Patient (50 Minutes)	\$140.00
90847	Family Psychotherapy w/Patient (50 Minutes)	\$140.00
90831	Electronic Phone Intervention (up to 15 Minutes) (charged per unit)	\$40.00
99447	Inter-professional Consult about client (up to 20 Min)	\$55.00
99448	Inter-professional Consult about client (21-30 Min)	\$70.00
99449	Inter-professional Consult about client (35 min or more)	\$140.00
99451	Inter-professional Consult - Written Response Received (up to 20 min)	\$40.00
99452	Inter-professional Consult - Written Response Provided (21-30 min)	\$55.00
OOOO	No Show, Late Cancellation, Late Reschedule Fee	\$100.00
12341	Digital Provision of Paperwork or Documentation to/for client	\$55.00
12342	Printing, Sealing, or Mailing Services of documentation (each)	\$50.00
12345	Legal/Court Participation Services: collections, small claims, court involvement/participation, court summary, or Collaboration with any professional for court related situation (rate per 1/2 hour per professional).	\$200.00
Total Estimate:	This Good Faith Estimate explains your therapist's rate for each service provided. Your therapist will collaborate with you throughout your treatment to determine how many sessions and/or services you may need to receive for the greatest benefit based on your diagnosis or goals.	TBD

Fees are subject to change. Please consult with provider