

Theresa M Cukierski, LLC

FEE SCHEDULE

Effective April 1, 2014

90871 Diagnostic Assessment	\$150.00
Self-pay Discount	\$130.00
90837 Individual counseling	\$130.00
Self-Pay Discount	\$110.00
90807 Family or couples counseling	\$130.00
Court/Legal Engagement	\$100.00 per hour
(Preparation or Review of Records, Testimony, Drive Time)	
Missed appointment:	Full Fee

Advance Payment Option: 15% discount is offered to those who choose to schedule and pay in advance for 10 or more appointments.

Insurance may not reimburse for mediation, review of records, extensive phone consultation or missed appointments.

Please note that a small transaction fee will be charged along with the session fee (swiped = 2.7% / keyed = 3.5% + \$0.15).

THIS INFORMATION IS REQUIRED BY THE COUNSELOR, SOCIAL WORKER, AND MARRIAGE AND FAMILY THERAPIST BOARD, WHICH REGULATES THE PRACTICES OF PROFESSIONAL COUNSELING, SOCIAL WORKER, AND MARRIAGE AND FAMILY THERAPY IN THIS STATE.

CSWMFT BOARD

50 West Broad Street, Suite 1075

Columbus, OH 43215-5919

(614) 466-0912