

Steven Behling, PhD, ABPP

Licensed Psychologist  
Board Certified in Clinical  
Child & Adolescent Psychology



SEAPSYCH

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**AGREEMENT TO PAY FOR PROFESSIONAL SERVICES**

CPT® CODE	SERVICE PROVIDED	MINUTES	FEE
90791	Diagnostic intake/interview	90-110 mins	\$575
90832	Individual psychotherapy	16-36 mins	\$200
90837	Individual psychotherapy	53-60 mins	\$275
90846	Family psychotherapy (without client present)	45-55 mins	\$275
90847	Family psychotherapy (with client present)	45-55 mins	\$275
99355	Prolonged outpatient services	per 30 mins*	\$135
PHONE	Phone consultation (clinical issues discussed)	See below†	\$20
E-MAIL	E-mail consultation (clinical issues discussed)	--	\$20 per e-mail
SCHVIS	School visit	See below†	\$20
TRAVEL	Travel to appointments outside of the office	See below†	\$20
MISSED	Missed appointment	--	Variable‡
CANCELLED	Cancelled appointment without 24 hours' notice	--	Variable‡
CONSULT	Clinical consultation	45-55 mins	\$275
LEGAL	Legal involvement (writing letters, appearing in court, etc.)	60 mins	\$750
ISF	Returned check fee	--	\$25

\* This add-on code is applied for each 30 minutes of outpatient therapy that extend beyond the typical one-hour session.

† Phone calls, school visits, and travel to and from SeaPsych are billed a rate of \$20 per each 5-minute block.

‡ Charges accrue for time scheduled.

I have reviewed the information contained in this document and spoken with Steven Behling, PhD, ABPP about any questions or concerns I may have. I understand that **fees are due at the beginning of each session**, and that **I am responsible for all fees**, regardless of whether or not I expect these charges to be reimbursed by my insurance company or another third party payer. I understand that **I will be charged for missed appointments or appointments cancelled with less than 24 hours' notice** that cannot be rescheduled within the same calendar week (Monday through Friday). I also understand that **insurance companies do not reimburse for missed sessions, sessions cancelled with insufficient notice, school meetings, phone calls, e-mails, or travel time**. If I am requesting services from Dr. Behling that require him to travel out of the office (e.g., in-home sessions, school conferences), I will be charged on a pro-rated basis to cover his time. I also understand that there will be a monthly service fee of 1.5% for all outstanding charges and that unpaid balances may be turned over to a collections agency. Lastly, the **fees detailed above are subject to increase over time** with written notice.

\_\_\_\_\_  
Signature of Party Responsible for Payment

\_\_\_\_\_  
Printed Name of Party Responsible for Payment

\_\_\_\_\_  
Date