



Fee Schedule and Codes

These are some of the basic codes we may bill for at the cash pay prices, if you do not have insurance or your insurance does not cover mental health you will be responsible for these costs to see Dr Streitfeld. All billable codes are not included in this list. If you have any questions, please contact the office for further information.

Initial Evaluation (90792)	\$450
Office Visit (99215) (high complexity up to 40 minutes)	\$300
Office Visit (99214) (moderate complexity up to 25 minutes)	\$200
Office Visit (99213) (low complexity up to 15 minutes)	\$160
Transcranial Magnetic Stimulation (TMS) Initial Visit (90867)	\$550
Transcranial Magnetic Stimulation (TMS) Follow-up Visit (90868)	\$400
Transcranial Magnetic Stimulation (TMS) Threshold Re-eval (90869)	\$550
No Show/Late Cancellation Fee (New Patient)	\$200
No Show/Late Cancellation Fee	\$75
Returned Check Fee	\$35
Preparations of Letters, Forms, Documents	Variable
Chart Copy	\$15 plus 0.25 per page

Any questions or issues should be brought to the attention of the office staff or the doctor for review or correction. Stephen Streitfeld MD has the final determination and authority regarding all billing matters.

I have read and understand the above policies. By signing, I acknowledge that I will adhere and agree to all office policies. I am willing to continue with my evaluation or treatment.

Printed Name: _____ Signature: _____

Patient Name: _____ Date: _____
