

Cheney Psychiatric Associates, LLC
3901 Faulkner Drive
Lincoln, NE 68516

Good Faith Form - Statement of Fees

CPT	Description of Procedure	Minutes	Fee
90889	Report preparation (charges accrue in 5-minute intervals)	5	\$20
99441	Provider phone call - brief	5-10	\$40
99442	Provider phone call - intermediate	11-20	\$80
99443	Provider phone call – complex, lengthy	21-30	\$120
Urgent Refill	Refill request with less than 48 hours' notice	N/A	\$30
NSF	Check returned NSF	N/A	\$30
Self-Pay Rates			
	APRN	Therapist	PhD
New Patient	\$325	\$300	\$325
Follow-up	\$175	\$200	\$225

I understand phone calls are typically not covered by insurance and may be an out-of-pocket cost, not reimbursed by in network or out of network coverage.

- All self-pay services will require that a card be saved on file, and it will be charged the morning of the appointment.
- If you have insurance or other types of coverage, services received today that are included in the "self-pay" discount will not be reimbursed by your carrier, or applied to your deductible.
- Once an office visit has been billed to insurance, this discount will not be offered.
- The self-pay discount is offered for services on the basis that NO insurance or personal billing will be done.

I acknowledge reviewing the above information, and have had the opportunity to ask whatever questions necessary for clarification. I understand that I will be charged for services according to the fees listed above. I understand that I am responsible for all fees, regardless of whether my insurance pays for services, and I agree to make payments at the time the service is provided.

Signature: _____

Date: _____