

# Pamela G. Dorsett, Ph.D. LLC

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 404-444-7603

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 101 S. Main St. Suite 7 PMB#252  
Hiawassee, Georgia 30546

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## INFORMATION FOR PROSPECTIVE CLIENTS

Welcome to my website! I appreciate your interest in my practice, and I thank you for taking the time to review this information to help you decide if we're a good fit.

It's a big step to seek help for oneself or a child, and it's important that we both agree that we're a good match. To facilitate the process, I'd like for you to complete the Patient Inquiry form. Additionally, if you need to speak with me prior to scheduling an intake session, we can arrange a 15-minute telephone consultation free of charge.

### Insurance

I am not on any insurance panels, which means that I am an out-of-network provider, and I do not file insurance claims. If you want to file with your insurance for reimbursement, you can check with your insurance company about whether they cover outpatient mental health services. The codes that I most often use for billing include: 90791, 90832, 90834, 90837, 90846, 90847. I can provide a document called a "Superbill" to clients who plan to file for reimbursement. This document includes diagnostic and procedure codes.

### Sessions and Fees, Cancellation Policy

All sessions are conducted via telehealth video conferencing on the Simple Practice platform. I do not see children younger than 5 years of age, and it is expected that parents will participate in sessions with children 5-8 years of age or older, as needed and requested by me.

The duration of individual and family therapy sessions is typically 45-50 minutes, although sometimes I may schedule 20-30-minute sessions. The initial intake session is 55-60 minutes. If a session is extended, the fee consists of the hourly fee prorated at 15-minute intervals depending on the duration of the session.,

When the client is minor child (younger than 18 years), I conduct the initial intake with the parents first and in a separate session meet with the child. I typically administer standardized self-report assessment measures to the child during the first or second session.

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If a client is returning to therapy after a year or more, I schedule an intake session rather than a therapy session for our first appointment.

If cancellations are not made 24-hours in advance, there is a full session charge (\$300).

Here is a table of services and fees:

| Service code (CPT Code) | Description   | Fee for Service  |
|-------------------------|---|--|
| 90791                   | Initial Diagnostic Evaluation   | \$350  |
| 90832                   | Psychotherapy, 16-37 minutes  | \$150  |
| 90834                   | Psychotherapy, 38-52 minutes  | \$300  |
| 90837                   | Psychotherapy ≥ 53 minutes  | \$300 plus \$6/min. over 53 min.   |
| 90846                   | Family Psychotherapy without Patient Present, 50 minutes              | \$300  |
| 90847                   | Family Psychotherapy with Patient Present, 50 minutes                 | \$300  |
| 98966-98968             | Telephone Assessment & Management                                     | 15 min. no charge; additional time prorated based on time spent at hourly rate |
| 98970-98972             | Online Digital Evaluation & Mgt (Responding to Email & Text Messages) | 15 min. no charge; additional time prorated based on time spent at hourly rate |
| Cancellation Fee        | Your Therapist Requires a 24-Hour Cancellation Fee                    | \$300  |
|                         | Writing letters/reports, completing forms, etc.                       | Prorated based on the amount of time spent at hourly rate                      |

## Payment

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Accepted forms of payment include credit cards (Visa, Mastercard, Discover and American Express), debit cards, and Health Savings and Flex Spending Accounts. I will ask for your credit card information, which will be secured in your client account, and authorization to charge your card the day of each session.