



**SUNBURST MENTAL HEALTH SERVICES
FEE SCHEDULE & CONSENT TO BILL INSURANCE**

Medication Management Evaluation	\$ 350.00	
Medication Management Monitoring	\$ 120.00	per 15 minutes
Therapy Intake Evaluation	\$ 325.00	
Therapy	\$ 220.00	per 60 minutes
Therapy	\$ 140.00	per 45 minutes
Therapy	\$ 110.00	per 30 minutes
Service Coordination (Case Management)	\$ 80.00	per hour

I _____ hereby give my permission to Sunburst Mental Health to bill my insurance and to receive payment directly from my insurance(s). I also give permission to Sunburst Mental Health to release any and all information necessary to submit claims and receive insurance payments.

It is understand that any amount not paid by my insurance, is my sole responsibility and I agree to submit payment to Sunburst Mental Health within 30 days from the date billed.

Participant or Responsible Party

Date