



415 Railroad Ave S, Kent, WA 98032
Tel: 844-OCD-Work, 844-623-9675
www.CornerstoneOCD.com
Fax 888-977-1564

Info@CornerstoneOCD.com

TID 83-3412428

UBI 604 389 820

NPI 1952866790

Payment Policy

- Cash, private payment, copay, etc. is due at the time of service.
- It is the responsibility of the client to verify that Cornerstone OCD & Anxiety Group, and the individual therapist, is in network with their carrier. It is the responsibility of the client to know their deductible and copay/coinsurance amounts. To aid in verification the client should inquire to their member services about our group tax id 83-3412428, or NPI 1952866790.
 - Due to the variability of insurance contracts it is important to understand that Cornerstone being “in-network” with your carrier does not guarantee payment. If your carrier does not cover our fee we must bill you at our full rate.
 - If Cornerstone is out-of-network with your carrier, you are required to pay 100% of the therapist’s fee at the time of service and your carrier may reimburse at their OON rate.
- Cornerstone OCD & Anxiety Group does not bill secondary insurance. Statements and superbills will be provided for the secondary carrier after client pays primary unpaid amount.
- A credit card will be kept on file for payment of late-cancel or no-show fees. If client does not have a credit card a personal check, in the amount of the client’s typical session rate, will be kept in a lockbox on site.
- No-show/late cancel policy will be strictly enforced. All no-shows or late cancels (under 48 hours) will be immediately billed to the client’s credit card on file or personal check will be cashed.
 - Because of this strict enforcement, we prefer the client agree to a text message or email reminder 48 hours before their session. The cancelation policy will only be waived in the event of emergency or communicable disease.
 - If a reminder is not received and client believes they have a session they should call as soon as possible to verify the session is scheduled.
 - Insurance companies do not cover no-show/late fees.
- Clients with a past due amount longer than 60 days will be required to make payment in order to schedule their next session.



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Fee Schedule for Mary Torres+	
Service	Fee
90791, Diagnostic Evaluation/Intake	\$245.00
90847, Family session with client present	\$245.00
90837, Individual psychotherapy, 60 minutes	\$210.00
90834, Individual psychotherapy, 45 minutes	\$170.00
90832, Individual psychotherapy, 30 minutes	\$75.00
90839, Psychotherapy for crisis, 60 minutes	\$245.00
90846, Family session with client not present*	\$245.00
90853, Group therapy	\$65.00
90840, Additional crisis therapy, 30 minutes	\$150.00

Fee Schedule for other insurance paneled therapists+	
Service	Fee
90791, Diagnostic Evaluation/Intake	\$165.00
90847, Family session with client present	\$165.00
90837, Individual psychotherapy, 60 minutes	\$140.00
90834, Individual psychotherapy, 45 minutes	\$115.00
90832, Individual psychotherapy, 30 minutes	\$75.00
90839, Psychotherapy for crisis, 60 minutes	\$165.00
90846, Family session with client not present	\$165.00
90853, Group therapy	\$40.00
90840, Additional crisis therapy, 30 minutes	\$100.00

*Insurance rarely pays for code 90846, if denied client will be responsible for full fee.

+Insurance paneled therapists do not offer sliding scale fees.



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Fee Schedule for Associates and non-insurance paneled therapists	
Service	Fee
90791, Diagnostic Evaluation/Intake	\$115.00
90847, Family session with client present	\$115.00
90837, Individual psychotherapy, 60 minutes	\$95.00
90834, Individual psychotherapy, 45 minutes	\$80.00
90832, Individual psychotherapy, 30 minutes	\$40.00
90839, Psychotherapy for crisis, 60 minutes	\$115.00
90846, Family session with client not present	\$115.00
90853, Group therapy	\$15.00
90840, Additional crisis therapy, 30 minutes	\$65.00

Sliding Scale Schedule			
Service	75%	60%	50%
90791, Diagnostic Evaluation/Intake	\$86.00	\$70.00	\$58.00
90847, Family session with client present	\$86.00	\$70.00	\$58.00
90837, Individual psychotherapy, 60 minutes	\$71.00	\$57.00	\$47.00
90834, Individual psychotherapy, 45 minutes	\$60.00	\$48.00	\$40.00
90832, Individual psychotherapy, 30 minutes	\$30.00	\$24.00	\$20.00
90839, Psychotherapy for crisis, 60 minutes	\$86.00	\$70.00	\$58.00
90846, Family session with client not present	\$86.00	\$70.00	\$58.00
90853, Group therapy	\$12.00	\$10.00	n/a, see 60% rate
90840, Additional crisis therapy, 30 minutes	\$49.00	\$40.00	\$33.00

Each associate therapist has a limited number of sliding scale spots on their schedule, not to exceed 25% of their caseload. Associate and client will discuss sliding scale in the first session and the associate will determine which rate will be offered.