

# JENNIFER SWEETON, PSYD, MS, MA

CLINICAL AND FORENSIC PSYCHOLOGIST

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## Trauma Treatment and Assessment Fee Schedule and Insurance Information

### Trauma Treatment and Assessment Fee Schedule:

- **Pre-intake consultation (15 minutes): \$100**  
*To consult with Dr. Sweeton regarding the possibility of therapy, or to better understand trauma sequelae for themselves or others, 15-minute consultation calls are an option.*
- **Intake evaluation (85 minutes): \$500**
- **Standard therapy session (55 minutes): \$350**  
*Includes all therapy approaches, including EMDR, CBT-I (insomnia treatment), Prolonged Exposure, Cognitive Processing Therapy, psychodynamic psychotherapy, etc.*
- **Extended therapy session (85 minutes): \$525**
- **No show: The full fee for the session is owed.**
- **Late cancellation (under 24 hours): \$150**
- **Consultation with other professionals: \$0-\$350/hour (billed per 15-minutes)** *There is no charge for this when it is for treatment planning purposes, or to better understand a client's symptom profile (for instance, to contact the client's psychiatrist or PCP). For other types of consultation requested by clients or mental health professionals, the fee is \$350/hour.*
- **Letters and completion of forms: \$300/hour (charged by the half hour)**  
*A minimum of one week's notice is required for the completion of all paperwork; last minute/rushed requests (under 72 hours' notice) will be billed at \$500/hour.*
- **Evaluation/formal assessment (per 55 minutes): \$350**  
*Comprehensive psychological assessments range between \$2000-\$3500, depending on the number and type of assessments used.*

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## **Insurance Information:**

I am not an in-network provider for any insurances, and do not interact with insurance companies in any way (including, but not limited to completing paperwork for, or speaking with, any insurance company).

However, many insurance carriers will provide partial reimbursement for my fees as an out-of-network provider.

It is understandable for clients to want to use in-network benefits, as using these can save a lot of money. However, be aware that when requesting insurance reimbursement for services from in-network providers, the following apply:

1. A diagnosis is required, and this label will be part of your medical record permanently.
2. Clients' records are not protected, which means that all information about the client, including very personal information, may be obtained by the insurance company.
3. Clients' care is dictated by the insurance company, and the therapist essentially works for the insurance company, not the client. This can compromise the quality of mental health services provided.

**For these reasons, many clients prefer to use out-of-network benefits**, as insurance companies are very limited in the information they can request about clients using out-of-network benefits. Also, clinicians are better able to meet clients' needs, instead of working for the insurance company!

To better understand what your insurance carrier might reimburse for out-of-network psychotherapy services, call your insurance company before scheduling an appointment or consultation.

### **You may want to ask your insurance carrier the following:**

- What do they reimburse for out-of-network psychotherapy services for the following CPT codes: 90791, 90834, 90837. Your insurance company will understand what a "CPT code" is, and whether they reimburse for these specific codes.
- Is there a maximum number of psychotherapy sessions they will reimburse?
- Will the insurance company reimburse the following diagnoses (which are common for my clients to have): PTSD, anxiety disorders, adjustment disorder, and acute stress disorder. While some clients may have additional diagnoses, these are the most common ones used in my practice, and it is helpful to know ahead of time if the insurance company will be willing to reimburse for the ICD-10 codes attached to these diagnoses.
- If the insurance reimburses a percentage of the cost, what is that percentage, and what is the maximum total cost per session they are allowing? For instance, they may reimburse 70% of a psychotherapy session (CPT code 90837), but assume that the total cost of the psychotherapy session is only \$120 (instead of my actual rate). This would mean the client would be reimbursed \$84 per session, after paying a rate of \$250-\$300 out of

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pocket. Another company, however, may only reimburse 50%, but allow a \$220 hourly rate, meaning that the client would be reimbursed \$110 per session. Thus, it is important to understand both the reimbursement percentage *and* the maximum per-session rate allowed.