



TRANSCENDENT SANCTUARY

Ketamine-Assisted Psychotherapy (KAP) | Fee Schedule & Financial Agreement

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Our trauma-informed approach combines preparation, supportive KAP sessions, and integration. Medical assessment, prescribing, and medication management are provided independently by Journey Clinical. Medical approval and therapeutic suitability are not guaranteed.

1. Transcendent Sanctuary Psychotherapy Fees (Kimberly Trickey, MS, LPC)

Service	Duration	Fee
Individual preparation	60 minutes	\$195
Individual dosing	2 hours	\$400
Individual dosing	3 hours	\$550
Individual integration	60 minutes	\$195
Couples/relationship preparation	60 minutes	\$225
Couples/relationship dosing	3 hours	\$750
Couples/relationship integration	60 minutes	\$225
Group preparation (per person)	2 hours	\$175
Group dosing (per person)	3 hours	\$300
Group integration (per person)	2 hours	\$175
In-home travel (round trip)	Per hour	\$100

Group participation: 3–4 clinically eligible participants. Group fees are per person. The standard three-part group experience totals \$650 per participant, excluding medical and medication fees. Extra sessions are billed separately.

2. Separate Journey Clinical Estimated Charges (Informational Estimates)

Medical or Pharmacy Service (Separate Provider)	Estimated Amount
Initial medical evaluation	\$250
Initial medication (up to 2 dosing sessions)	\$112
Medical follow-up	\$150
Additional medication (up to 6 sessions)	\$208

Important Note on External Medical Estimates: These Journey Clinical figures are planning estimates from previously reviewed published pricing, **NOT verified current quotes**. Journey Clinical is an independent medical provider and determines actual fees, pharmacy fulfillment, dosing, follow-up frequency, and medical eligibility. Clients pay Journey Clinical directly. Please confirm all charges with Journey Clinical before treatment.

Treatment, Safety & Scheduling

At least one preparation appointment is required. Integration is ordinarily recommended within 24–48 hours after dosing when feasible. The therapist and prescribing clinician determine appropriate session length and setting. Each person receiving medication requires independent medical clearance and a prescription. Additional individual sessions or screening may be needed for couples or groups. Clients must follow the prescriber's safety, transportation, chaperone, and post-session instructions. Remote and home-based sessions are available only when clinically appropriate and permitted by applicable protocol and licensing rules.

Payment, Cancellations & Insurance

Payment is due at the time of service unless otherwise agreed in writing. A dosing-session cancellation with less than 24 hours' notice may incur a \$300 fee, subject to applicable law and documented exceptions; this is not a treatment charge. Travel charges require advance agreement. Services are offered on a self-pay basis; insurance reimbursement is not guaranteed. Any superbill or insurance documentation will be handled in accordance with applicable law, billing rules and the services actually provided.

This schedule is general information, not an individualized Good Faith Estimate. Eligible uninsured or self-pay clients will receive a separate individualized written estimate of reasonably expected services and charges under the No Surprises Act. Treatment outcomes cannot be guaranteed.

Client Acknowledgment & Financial Agreement

I have reviewed these fees and understand that psychotherapy fees and medical prescribing charges are separate, and that additional services or adjustments may change my total cost.

Client Name: _____

Date: _____

Client Signature: _____

Therapist: Kimberly Trickey, MS, LPC