

Good Faith Estimate for Private Pay Clients



You are entitled to receive this Good Faith Estimate of what the charges could be for psychotherapy services provided to you. While it is not possible for a therapist to know, in advance, how many psychotherapy sessions may be necessary or appropriate for a given person, this form provides an estimate of the cost of services provided. Your total cost of services will depend upon the number of (psychotherapy) sessions you attend, your individual circumstances, and the type and amount of services that are provided to you.

This Good Faith Estimate is not intended to serve as a recommendation for treatment or a prediction that you may need to attend a specified number of psychotherapy visits. The number of visits that are appropriate in your case, and the estimated cost for those services, depends on your needs and what you agree to in consultation with your therapist. You are entitled to disagree with any recommendations made to you concerning your treatment and you may discontinue treatment at any time.

This Good Faith Estimate shows the costs of items and services that are reasonably expected for your health care needs for an item or service.

This estimate is not a contract and does not obligate you to obtain any services from the provider(s) listed, nor does it include any services rendered to you that are not identified here.

The estimate is based on information known at the time the estimate was created. The Good Faith Estimate does not include any unknown or unexpected costs that may arise during treatment. There may be additional items or services your therapist may recommend as part of your care that must be scheduled or requested separately and are not reflected in this Good Faith Estimate. You could be charged more if complications or special circumstances occur. If this happens, federal law allows you to dispute (appeal) the bill.

Anticipated Treatment Details and Fees

Therapy

Per-visit fee: \$150-225

We anticipate your treatment will involve recurring psychotherapy and/or family counseling (if appropriate) sessions (CPT codes: 90791, 90837, 90834, 90832, 90847, and 90846)*. Based on your therapist's per-visit fee, the following chart displays estimated total costs for several different total visit amounts over the next 12 months:

Number of visits over the next 12 months with a LLPC, LPC, LMSW	Total estimated fees
Intake	\$175
1 visit	\$150



13 visits (about one visit per month)	\$1950
26 visits (one visit every two weeks)	\$3900
39 visits (about one visit every week and a half)	\$5950
52 visits (one visit per week)	\$7800

Number of visits over the next 12 months with an LP, LLP, TLLP	Total estimated fees
Intake	\$225
1 visit	\$185
13 visits (about one visit per month)	\$2405
26 visits (one visit every two weeks)	\$4810
39 visits (about one visit every week and a half)	\$7215
52 visits (one visit per week)	\$9620

*The per-visit fee is not affected by either procedure (CPT) codes or diagnosis codes 2

Coordination of Care with Outside Providers

We believe it is important to the care of our clients to coordinate with other professionals as needed. Please note that these are billable hours not covered by insurance and will be charged in addition to therapy fees and are the financial responsibility of the client or guardian.

- ❖ *Consultation phone calls*
 - \$50 per 20 minutes
- ❖ *Paperwork Requests (Documents created to support diagnosis, treatment or coordination of care)*
 - \$50 per document
- ❖ *Court related Phone calls, Subpoenaed Requests, Any other legal fees*
 - \$100 per request
- ❖ *Court related in person appearances:*
 - \$200 per hour

You are encouraged to speak with your therapist or leadership at any time about any questions you may have regarding information provided to you in this Good Faith Estimate.

You have the right to initiate a dispute resolution process if the actual amount charged to you substantially exceeds the estimated charges stated in your Good Faith Estimate (which means \$400 or more beyond the estimated charges). You may contact the health care provider or facility listed to let them know the billed charges are higher than the Good Faith Estimate. You can ask them to update the bill to match the Good Faith Estimate, ask to negotiate the bill, or ask if there is financial assistance available. You may also start a dispute resolution process with the U.S. Department of Health and Human Services (HHS). If you choose to use the dispute resolution process, you must start the dispute process within 120 calendar days (about 4 months) of the date on the original bill. There is a \$25 fee to use the dispute process. If the agency reviewing your dispute agrees with you, you will have to pay the price on this Good Faith Estimate. If the agency disagrees with you and agrees with the health care provider or facility, you will have to pay the higher amount.

For questions or more information about your right to a Good Faith Estimate or the dispute resolution process, visit <https://www.cms.gov/nosurprises/consumers> or call 1-800-985-3059. The initiation of the patient-provider dispute resolution process will not adversely affect the quality of the services furnished to you.

Sincerely yours,

Stephanie Wright

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