

## GOOD FAITH ESTIMATE (GFE) of Psychotherapy Services for Self-Pay (uninsured) 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 psychotherapist 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 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. This Good Faith Estimate is not intended to serve as a recommendation for treatment nor 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.

### GOOD FAITH ESTIMATE (GFE)

<b>90791</b>	<b>Psychiatric Diagnostic Evaluation (Initial Intake Session)</b>	<b>\$225.00</b>
90832	Psychotherapy with patient or family member, 30 minutes ( <i>16-37 minutes</i> )	\$75.00
<b>90834</b>	<b>Psychotherapy with patient or family member, 45 minutes (<i>38-52 minutes</i>)</b>	<b>\$150.00</b>
<b>90837</b>	<b>Psychotherapy with patient or family member, 60 minutes (<i>53-60 minutes</i>)</b>	<b>\$200.00</b>
90846	Family or couple psychotherapy, without patient present	\$175.00
<b>90847</b>	<b>Family or couple psychotherapy, with patient present</b>	<b>\$175.00</b>
90853	Group Psychotherapy ( <i>not family</i> )	\$50.00
CANCELLED	Late Cancellation (less than 24-hour notice given)	\$100.00
MISSED	Missed Appointment (no show, no contact)	\$100.00

Most clients will begin by attending one initial intake session, followed by one psychotherapy visit per week, but the frequency of psychotherapy visits that are appropriate in your case may be more or less than once per week, depending upon your needs. Therapy is typically conducted in 45 or 60 minute sessions. The therapy is billed using CPT codes.

Based upon a fee of \$150 per visit, if you attend one psychotherapy visit per week, your estimated charge would be \$600 for 4 visits provided over the course of one month; \$1200 for 8 visits over two months; or \$1800 for 12 visits over three months; or \$7,800 for 52 visits over one year.

Based upon a fee of \$200 per visit, if you attend one psychotherapy visit per week, your estimated charge would be \$800 for 4 visits provided over the course of one month; \$1600 for 8 visits over two months; or \$2400 for 12 visits over three months; or \$10,400 for 52 visits over one year.

**It is our practice to receive payment at the time of your visit.**

If you attend therapy for a shorter or longer period, your total estimated charges will proportionally reflect the number of visits and length of treatment as stated above. Additionally, depending on the services rendered (see CPT codes above), your total estimated charges will reflect the calculations based on those rates listed above. You may discontinue treatment at any time.

You are encouraged to speak with your provider at any time about any questions you may have regarding your treatment plan, or the information provided to you in this Good Faith Estimate. Keep a copy of this Good Faith Estimate in a safe place or take pictures of it. You may need it if you are billed a higher amount.

This Good Faith Estimate shows the costs of items and services that are reasonably expected for the above noted service. 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. You could be charged more if complications or special circumstances occur.

If this happens, federal law allows you to dispute (appeal) the bill. If you are billed for more than this Good Faith Estimate, you have the right to dispute the bill. 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.

To learn more and get a form to start the process, go to [www.cms.gov/nosurprises/consumers](http://www.cms.gov/nosurprises/consumers) or call 1-800-985-3059. For questions or more information about your right to a Good Faith Estimate or the dispute process, visit [www.cms.gov/nosurprises/consumers](http://www.cms.gov/nosurprises/consumers) or call 1-800-985-3059.