**Good Faith Estimate**

As required by the No Surprises Act

(list current date)

Client Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As of 1/2022, I am required to provide you a Good Faith Estimate of charges that you can anticipate for my services to comply with the federal No Surprises Act.

I provide therapy and counseling services via a HIPAA secure telehealth service (Zoom or Doxy.me). These services will include working with you as an individual, and may also include working with your spouse or partner and / or other family members.

Primary service codes and services I Provide are as follows:

CPT 90791 Psychiatric Diagnostic Evaluation (90 Minutes)

CPT 90837 Individual Psychotherapy (60 minutes)

CPT 90847 Individual Psychotherapy with a family member present or couple / family Psychotherapy (60 minutes)

CPT 90846 Individual Psychotherapy without the client present or couple / family therapy without the client present (60 minutes)

Missed Appointments / Late Cancellations, unless due to emergency $100

I charge $150 per hour of service. Length, frequency, and number of sessions is dependent upon your condition and is a collaborative decision made by both provider and client. Typically, clients are seen initially weekly or bi-weekly and may continue to be seen monthly as maintenance. The estimated costs listed above are valid for 12 months from the date of the Good Faith Estimate. I will charge your credit card at the time of service.

Since you are paying privately, you have the option of not being diagnosed with a specific mental health diagnosis. If you would benefit from receiving a diagnosis, we will determine and discuss if you meet criteria at your first session. If you do meet criteria, we will discuss your diagnosis and treatment options. Please note that if you would like to receive out of network reimbursement from your medical insurance company, they will require that we identify and document a DSM-5 diagnosis.

Please note the following:

* Additional services may be recommended and must be scheduled or requested separately;
* The good faith estimate is only an estimate and actual charges may differ;
* You have the right to initiate a dispute resolution process if the actual billed charges substantially exceed the expected charges in the Good Faith Estimate. Initiating this process will not affect the quality of services I provide you, and
* The good faith estimate is not a contract and does not obligate you to obtain services from me.
* For questions or more information about your right to a Good Faith Estimate or the dispute process, visit [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises).

If you have questions or should you require further information about the Good Faith Estimate, please contact me to discuss further. I can be reached at [linda@heretotheretherapy.com](mailto:linda@heretotheretherapy.com) or 206.714.0450