

Good Faith Estimate of Client Costs

Today's Date: _____

Provider Information

Provider NPI: 1427348093

Provider EIN: 26-3871836

Client Information

Client Name: _____

Client Date of Birth: _____

Estimated Cost of Services Provided

The cost of each 55 minute individual session is \$

The cost of each group counseling session is \$

Diagnosis (when applicable)

I am not able to propose an appropriate diagnosis or course of treatment for you until we have spent some time together. As soon as I am able to identify a diagnosis and an appropriate course of treatment, I will discuss it with you. Your diagnosis, if any, will have no impact on the amount you are billed.

Estimated Duration of Recurring Services under this Estimate

This Good Faith Estimate of Client Costs is effective through the end of 2025.

Description of Services Provided

Counseling and/or psychotherapy as indicated on an approximately weekly basis.

Important Disclosures

Services are anticipated to be provided generally on a weekly basis until treatment is terminated. Additional services may be recommended. This estimate of your costs is only an estimate, and your actual charges may differ. You have the right to initiate the patient-provider dispute resolution process if the charges you are actually billed substantially exceed the expected charges in this estimate. You may contact me directly if the billed charges are higher than this Good Faith Estimate, or you can start a dispute resolution process with the U.S. Department of Health and Human Services (HHS) directly. If you choose to use the dispute resolution process, that will not adversely affect the quality of health care services I provide to you.

This estimate of costs is not a contract and does not obligate you to obtain clinical services from me.