



## GOOD FAITH ESTIMATE FOR HEALTH CARE SERVICES

**THIS IS NOT A CONTRACT**

Patient Name:	DOB:
Address:	Patient ID #:
Diagnosis:	Date of Initial Session:
Services Requested:	Date of Estimate:
Provider Name:	License #:
Anticipated # of Sessions:	<b>Total Estimated Cost:</b>

You are entitled to receive this “Good Faith Estimate” of what the charges could be for mental health services provided to you through Beach Glass Counseling, PLLC. 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 or couple, 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.

The fee for a 50-minute psychotherapy visit (in person or via telehealth) is \$75.00 after the first session. Most clients will attend 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 on your needs. The following are expected charges of psychotherapy serves:



Number of Weeks	Estimated charges for 1 session per week	Estimated charges for 2 sessions per week
1 Week of Service	\$75.00	\$150.00
13 Weeks of Service (Approx. 3 months)	\$975.00	\$1,950.00
26 Weeks of Service (Approx. 6 months)	\$1,950.00	\$3,900.00
39 Weeks of Service (Approx. 9 months)	\$2,925.00	\$5,850.00
52 Weeks of Service (Approx. 12 months)	\$3,900.00	\$7,800.00

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 of 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.

You are encouraged to speak to your provider at any time about any questions you may have regarding your treatment, or the information provided to you in this Good Faith Estimate.



## DISCLAIMER

There may be additional items or services that may be recommended to you as part of your care that must be scheduled or requested separately and are not reflected in this Good Faith Estimate. This estimate is not a contract and does not obligate you to obtain any services from the provider listed, nor does it include any services rendered to you that are not identified here.

**If you are billed for more than this Good Faith Estimate, you have the right to dispute the bill.**

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 (\$400.00 or more beyond the estimated charges).

You may contact Beach Glass Counseling, PLLC to let them know the bill 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.

The initiation of the patient-provider dispute resolution process will not adversely affect the quality of the services furnished to you.

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 (approximately 4 months) of the date on the original bill.

There is a \$25.00 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, you will have to pay the higher amount.

**To get a form to start the process** with HHS, 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 <https://cms.gov/nosurprises/consumers> or call 1-800-985-3059.

Keep a copy of this Good Faith Estimate for your records.