

Good Faith Estimate

You have the right to receive a “Good Faith Estimate” explaining how much your medical care will cost.

Under the law, health care providers need to give patients who don’t have insurance or who are not using insurance an estimate of the bill for medical items and services.

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 needs and 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.

Disclaimer

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 we agree to in consultation. 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. The estimate is based on information known at the time the estimate was created.

This 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.

Estimate of Services

Services will be provided via telehealth.

At most, your treatment will include a diagnostic evaluation (90791), billed at \$190 for a 60-minute visit, followed by recurring psychotherapy services. The fee for a 45-minute psychotherapy visit (90834) via telehealth is \$140. The fee for a 60-minute psychotherapy visit (90837) via telehealth is \$165. Most clients will attend one psychotherapy visit per week or one psychotherapy visit per 2 weeks, 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. If you have negotiated a reduced rate with the therapist, your fees for services will be less than estimated below based on the negotiated reduced rate. These are the maximum fees charged by Jennifer Richards, LMHC at this time.

Based on a fee of \$140 (90834) or \$165 (90837) per visit, the following are expected charges of psychotherapy services:

Total estimated charges for 1 session per 2 weeks:

Service Period	45-minute sessions (90834)	60-minute sessions (90837)
4 weeks of service (~ 1 mo.)	\$140 x 2 sessions = \$280	\$165 x 2 sessions = \$330
12 weeks of service (~ 3 mos.)	\$140 x 6 sessions = \$840	\$165 x 6 sessions = \$990
26 weeks of service (~ 6 mos.)	\$140 x 13 sessions = \$1820	\$165 x 13 sessions = \$2145
38 weeks of service (~ 9 mos.)	\$140 x 19 sessions = \$2660	\$165 x 19 sessions = \$3135
52 weeks of service (~ 12 mos.)	\$140 x 26 sessions = \$3640	\$165 x 26 sessions = \$4290

Total estimated charges for 1 session per week:

Service Period	45-minute sessions (90834)	60-minute sessions (90837)
4 weeks of service (~ 1 mo.)	\$140 x 4 sessions = \$560	\$165 x 4 sessions = \$660
12 weeks of service (~ 3 mos.)	\$140 x 12 sessions = \$1680	\$165 x 12 sessions = \$1980
26 weeks of service (~ 6 mos.)	\$140 x 26 sessions = \$3640	\$165 x 26 sessions = \$4290
38 weeks of service (~ 9 mos.)	\$140 x 38 sessions = \$5320	\$165 x 38 sessions = \$6270
52 weeks of service (~ 12 mos.)	\$140 x 52 sessions = \$7280	\$165 x 52 sessions = \$8580

* There may be additional items or services recommended as part of the course of treatment that would be scheduled or requested separately and are not reflected in this good faith estimate. These additional services may include:

- Diagnostic Evaluation (90791), billed at \$190 per 60-minute session
- Psychotherapy (90834), billed at \$140 per 45-minute session
- Psychotherapy (90837), billed at \$165 per 60-minute session
- Psychotherapy for Crisis (90839) billed at \$45 per 15-minutes
- Fees incurred because of a missed session (cancellation or no show)
- Fees incurred for document requests, court documents, and other processing duties.
- Psychological screenings and assessments, billed at \$165 per 60-minutes (often takes more than 60-minutes)

Your Rights

- You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services. This includes related costs like medical tests, prescription drugs, equipment, and hospital fees.

- Make sure your health care provider gives you a Good Faith Estimate in writing at least 1 business day before your medical service or item. You can also ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule an item or service.
- If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill.
- Make sure to save a copy or picture of your Good Faith Estimate. For questions or more information about your right to a Good Faith Estimate, visit www.cms.gov/nosurprises or call 800-985-3059.