



Good Faith Estimate for: **Example Client**, date of birth: January 1st, 2000

Will be provided with the following services by Chris Perry, LMHC on a regular schedule:

CPT Code	Description	Fee
90832	Psychotherapy up to 30 minutes	\$200
90834	Psychotherapy 45-53 minutes	\$200
90837	Psychotherapy 53+ minutes	\$200
90791*	Psychotherapy intake	\$225**

*For existing clients this fee may have been waived.

**This is a one-time fee assessed for initial intake sessions.

And will have the following services available on an as-needed basis, not reflected in the annual figures listed within this estimate:

CPT Code	Description	Fee
90839	Psychotherapy for crisis	\$50 per \$10 minutes
90847	Psychotherapy with family member present (couple's therapy)	\$225
96136	Psychological testing (GAC only)	\$200

Unless otherwise listed rates are for a standard 50-minute session.

In accordance with CMS policy put forth within the No Surprises Act a diagnosis(es) must be issued within your chart. Please note that these diagnoses are not binding, they do not indicate prognosis, and they do not paint a full picture of why you are attending psychotherapy. They do allow for shared language around experiences, though. Your diagnosis(es) is/are as follows:

ICD-10 or DSM-5 coding	Description
F43.12	Post-traumatic stress disorder

It is expected that we will meet throughout the year, at the frequency of **once per week**. Please note that dependent on your circumstances we may choose to meet more or less often, which will impact this estimate. Should we increase frequency a new good faith estimate can be provided upon your request. Though we plan to meet regularly, your therapist does take days off for vacation and emergencies. As such it is reasonable to expect that we will meet 10 months per year.

Here are three example scenarios of potential annual costs:

- A client meets with me weekly at a rate of \$200 per session for 52 weeks. Their annual cost would be \$10,425 including intake fee.
- A client meets with me weekly at a rate of \$200 per session for 52 weeks. This client also needs after-hours crisis support once per quarter for 60 minutes, at \$50 per 10 minutes. Their annual cost would be \$11,625 including intake fee.



CHRIS PERRY

— Therapy —

- A client meets with me weekly at a rate of \$200 per session for 26 weeks, and then decides to do sessions every other week for 26 weeks. Their annual cost would be \$7,825 including intake fee.

The above figures may be an overestimate given the expectation that some weeks will be skipped from therapy. Crisis support will increase your annual cost and cannot be predicted within this estimate due to the nature of the work we do together.

Disclaimer

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.

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 or call 1-877-696-6775.

For questions or more information about your right to a Good Faith Estimate or the dispute process, visit www.cms.gov/nosurprises or call 1-877-696-6775.

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.