

## GOOD FAITH ESTIMATE

This is only an estimate; actual charges may differ.

Name:	Date of Birth:
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You have requested counseling services. Below is an estimate of what you could pay ANNUALLY for such services. For individuals, a 50-minute visit (in-person or via telehealth) is \$110 per hour and \$140 for a 70-minute visit. Couples or family visits are \$150 for 70 minutes; fees are prorated @ \$30 each additional fifteen minutes. Most clients attend one visit every week or every two weeks, but the frequency of visits appropriate in your case may be more or less, depending upon your specific needs and progress. Based on the per visit fees cited above, the table below outlines annual estimated charges for mental health counseling services.

### Estimate of What You Could Pay Annually

(recurring treatment, scheduled weekly/biweekly as needed/requested or until treatment is terminated):

Place of Service (Code)	Service Item*	Service Code	Service Cost	× Quantity per year	= Total Estimated Annual Cost
Office (11) or Online (02)	Initial Assessment	90791	\$150 per 70 mins	0-1	\$150
Office (11) or Online (02) or Client home (12)	Individual Counseling	90837	\$110 - \$140 per 50 - 70 mins**	12 visits (1/month)	\$1320-\$1680
				26 visits (2/month)	\$2860-\$3640
				52 visits (weekly)	\$5720-7280
	Couple Counseling Family Counseling Conjoint Counseling	90847 (seldom covered)	\$150 per 70 mins**	12 visits (1/month)	\$1800
				26 visits (2/month)	\$3900
				52 visits (weekly)	\$7800
	Crisis Counseling Lengthy email/phone		\$200 per 60 min. \$2 per min.	as needed/requested	

\* Services charged for cancellations with less than 24-hour notice and missed appointments (after 15 min.)

\*\*Additional time is prorated at \$30 per each additional 15 mins. Insurances often only cover the first 45/60 min

Keep a copy of this Good Faith Estimate in a safe place or save photos of it.  
 You may need it if you are billed a higher amount.

### Disclaimer

This Good Faith Estimate shows the cost of services that are reasonably expected for your health care needs based on information known at the time the estimate was created. It is not possible to know, in advance, how many counseling sessions may be necessary or appropriate for a given person. 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 counseling visits. You are entitled to disagree with any recommendations concerning your treatment and may discontinue treatment at any time. This estimate is not a contract and does not obligate you to obtain any services from the provider, neither does it include any unknown or unexpected costs that may arise during treatment. You could be charged more if complications or special circumstances arise.

**You have the right to dispute any bill substantially over this GFE (at least \$400).** Initiating the dispute process will not adversely affect the quality of services to you. For questions about your right to a Good Faith Estimate, or how to dispute a bill, visit [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) or call the No Surprises Help Desk at 1.800.985.3059.

*The purpose of this document is to inform you about your protections from unexpected medical bills. The No Surprises Act (HR133, Title 45, Section 149) requires providing a current or prospective client with a "Good Faith Estimate" of charges for services to be provided.*

WA State License: LH61144829 ♦ National Provider Identifier (NPI): 14 373 44504 ♦ Federal Tax Id.(EIN): 85-2489985