

**Kate Hinkle PsyD**  
**Good Faith Estimate for Health Care Items and Services**

<b>Patient</b>		
Patient First Name	Middle Name	Last Name
Patient Date of Birth: _____/_____/_____		
Patient Identification Number: N/A		
<b>Patient Mailing Address, Phone Number, and Email Address</b>		
Street or PO Box		Apartment
City	State	ZIP Code
Phone		
Email Address		
Patient's Contact Preference: <input type="checkbox"/> By mail <input type="checkbox"/> By email		
<b>Patient Diagnosis</b>		
Primary Service or Item Requested/Scheduled Psychotherapy		
Patient Primary Diagnosis TBD	Primary Diagnosis Code TBD	

If scheduled, list the date(s) the Primary Service or Item will be provided:	
<input checked="" type="checkbox"/> Check this box if this service or item is not yet scheduled	
Date of Good Faith Estimate: _____ / _____ / _____	
<b>Provider Name</b> Kate Hinkle, PsyD	<b>Estimated Total Cost</b> \$185 Individual Intake, \$175 Individual Session \$195 Couples Intake, \$185 Couples Session
<b>Total Estimated Cost: \$ TBD</b>	

The following is a detailed list of expected charges for Psychotherapy. The estimated costs are valid for 12 months from the date of the Good Faith Estimate.

### Kate Hinkle, PsyD Estimate

Provider/Facility Name	Kate Hinkle, PsyD	Provider/Facility Type	Telehealth
Street Address	Telehealth		
City	State	ZIP Code	
Contact Person	Kate Hinkle, PsyD	Phone	312.544.9166 Email kate@drkatehinkle.com
National Provider Identifier	12654041909	Taxpayer Identification Number	85-2142054

#### Details of Services and Items for [Provider/Facility 1]

Service/Item	Address where service/item will be provided	Diagnosis Code	Service Code	Quantity	Expected Cost
Psychotherapy	Telehealth	TBD	TBD	12 months	See costs above

#### Total Expected Charges from Kate Hinkle, PsyD

The number of total sessions in the treatment is unknown at the outset and is based on the patient's needs, preferences, and progress made in the treatment.