



## Good Faith Estimate of Services

Client's name: \_\_\_\_\_

Date of Birth (MMDDYYYY) \_\_\_\_\_

The services that are provided by this practice, generally fall under Individual, Couple, Family, or Group Counseling and the usual appointment time is 50 minutes. Please check the service below that you are participating in:

- Individual (CPT code 90834)
- Couple (CPT code 90846)
- Family (CPT code 90846)
- Group (CPT code 90853)

The diagnosis that are associated with counseling in our practice generally include depression, anxiety, trauma, low self-esteem, low motivation, unresolved grief, relationship problems, emotional issues, personality disorders, and various other mental health challenges. However, the cost of services remains the same regardless of the presenting problems.

Services are provided at one of several offices in various cities in the Phoenix area and online through HIPAA compliant Telehealth. Please indicate where you will primarily receive services:

\_\_\_\_\_

My Therapist is (circle one):

- Arlen (AJ) Spatz, LAC
- Julianne Sample, LAC
- Courtney Havelind
- Tara Dorman, LAC
- Claudia (Chloe) Cooper, LPC
- Deborah (Debbie) Hackbarth, LAC
- LaTricia (Trish) Haver, LAC
- Karl Kleppe
- Jesca Wales

Our practice has practitioners at several levels of service based on experience: Masters Level Intern, Licensed Associate Counselor (LAC), or a Licensed Professional Counselor (LPC).

The number of sessions to resolve or improve mental health symptoms depends on multiple factors impacting treatment including: presenting symptoms, amount of outside attention to mental health, the level of exposure to environmental factors, supportive others and community involvement, external stressors, and many other impacts, as well as the desired number of



sessions per week, per month, or attendance in intensive multi-hour sessions. Resolution to your level of satisfaction may take a few sessions to several months or more depending on the factors listed above and the client's level of satisfaction with progress in resolving symptoms.

50 minute session rates based on the practitioner level and an estimate of a full year of weekly (52) services is indicated:

- Interns - \$80 / session, annual - \$4160
- LAC - \$115-\$130 / session, annual - \$5980 - \$6760
- LPC - \$150 / session, annual - \$7800

Please do not hesitate to ask your therapist for a Good Faith Estimate update at any time.

Your therapist may recommend additional services or items as part of your treatment that are not reflected in the estimate. When these are recommended you may request a Good Faith Estimate be provided by the entity providing the services.

The information provided here is an estimate only and actual services may differ. You have a right to engage in a dispute resolution process if the actual costs of services significantly exceeds those listed in the Good Faith Estimate.

The Good Faith Estimate does not obligate or require the client to obtain any of the listed services from the provider.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness signature (if client is unable to sign): \_\_\_\_\_ Witness Date: \_\_\_\_\_

Practice Name: New Hope Counselors - Claudia Cooper, PLLC  
Tax ID #85-4164006

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, and does not include any unknown or unexpected costs that may arise during treatment.

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

Throughout your treatment, the provider may recommend additional items or services as part of your treatment that are not reflected in this estimate. These would need to be scheduled separately with your consent and the understanding that any additional service costs are in addition to the Good Faith Estimate.



If your needs change during treatment, your provider should supply a new, updated Good Faith Estimate to reflect the changes to treatment, and the accompanying cost changes.

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.

The Good Faith Estimate is not a contract between provider and client and does not obligate or require the client to obtain any of the listed services from the provider.

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](http://www.cms.gov/nosurprises) or call HHS at (800) 985-3059.

For questions or more information about your right to a Good Faith Estimate or the dispute process, visit [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) or call (800) 985-3059.

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.