

# **Soul Academy, PLLC**

## Good Faith Estimate

Dear Clients,

In compliance with the "No Surprises Act" that took effect January 1, 2022, all healthcare providers are required to notify clients of their federal rights and protections against "surprise billing."

The law requires that we notify you of your federally protected rights to receive a notification when services are rendered by an out-of-network provider, if a client is uninsured, or if a client elects not to use their insurance.

Additional, I am required to provide you with a "Good Faith Estimate" of the cost of services [see an Estimate Fee Schedule below]. It is difficult to determine the true length of treatment for mental health care, and each client has a right to decide how long they would like to participate in mental health care. Therefore, below you will find a fee schedule for the services typically offered by your therapist and who will collaborate with you on a regular basis to determine how many sessions you may need.

It is a federal requirement that we have each client sign this form to begin/resume treatment. Please sign and date the required form and return the signed document before your next appointment (page 2).

Since we haven't met, and don't yet know if you want to use insurance for your treatment, the information below is based on "fee for service" (out-of-pocket) rates.

If you DO intend to use insurance, check with your insurance carrier to find out what your copayment or coinsurance rates will be—they are likely to be smaller.

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## Good Faith Estimate

Dear Client,

Since I have not yet evaluated your difficulties or symptoms, I must at this point estimate your course of treatment based upon the national average for a course of psychotherapy, which is 18 sessions.

This initial estimate is valid for 12 months from the date of the Good Faith Estimate, but you are entitled to receive an update on this estimate at any time upon request.

**Current ICD-10 diagnosis:** R69 (diagnosis deferred).

Anticipated treatment:

- 1 session of CPT 90791 (diagnostic evaluation) at \$150
- 17 weekly sessions of CPT 90837 (psychotherapy, 50 minutes) at \$100 per session
- Total estimated "fee for services" treatment without insurance: \$1850

*This is just a rough estimate based on national averages.* The duration of our work together can be longer or shorter depending upon your symptoms, your work between sessions, and your response to treatment.

Unless required by a court order (an extremely rare situation), you are free to discontinue treatment at any time, and free to discuss any other modifications to treatment modalities, frequency, or duration. You are ultimately in control of your own healthcare; I am just here to provide help at your request.

**Location of treatment:** All sessions will take place virtually through Doxy.me

My identifying information:

Susan Hargett, LPC, NCC, E-RYT, YACEP, PCELC

National Provider Identifier: 1629501929

Tax ID number: 85-0963836

I acknowledge that I have read the above information, and have had an opportunity to ask questions, and I agree to engage in the service(s) listed above.

Signature of Client: \_\_\_\_\_ Date: \_\_\_\_\_