**Good Faith Estimate** 

**for Health Care Services**

**for year 2022**

**Amanda Johns, LCSW (Heart of Therapy, LLC)**

License: CW020207

EIN: 715831500

**Common service codes provided by Heart of Therapy, LLC:**

* 90834: 45 minute counseling/psychotherapy session

**Common service codes used by Heart of Therapy, LLC:**

* F43.20: Adjustment Disorder, Unspecified
* Z91.49: Other Personal History of Psychological Trauma
* Z62.820: Parent-Child Relational Problems
* Z63.0: Relationship Distress with Spouse or Intimate Partner
* Z72.89: Phase of Life Problem
* Z62: Problems Related to Upbringing

**A note about diagnosis:**

Amanda Johns, LCSW does not typically diagnose clients unless she believes a specific diagnosis to be accurate after evaluation and, after consultation with a client, she believes a diagnosis to be in the best interest of the client. Instead of diagnosis codes, when required, she typically uses Z codes which represent general areas of concern to be addressed in therapy. Please speak to Amanda about this practice if you have any questions or concerns.

**Where services will be rendered:**

* 5049 Swamp Road, Suite 305, Doylestown PA, 18923
* Online through agreed upon virtual format

**Length of time in treatment:**

Amanda Johns, LCSW recognizes that every client comes into treatment with different needs and life circumstances. Each client’s journey to healing is unique. The length of time in treatment is determined by many different factors, including:

* Your schedule and life circumstances
* Therapist availability
* Ongoing life challenges
* The nature of your specific challenges and how you address them

You and Amanda will continually assess the appropriate frequency and duration of therapy, and will work together to determine when you have met your goals and are ready for discharge.

**Below, you will see how much the fees are for each type of contracted session.**

We understand that there are situations where a reduced fee arrangement may be necessary for a time and that ***the fee you pay for services may very well be less than what is reflected below***. You and Amanda will determine together, whether a reduced fee arrangement is an option, as well as the frequency of sessions. Your good faith estimate is based on a year (52 weeks) of weekly therapy sessions. Again, you may need more or less therapy, based on your specific needs

**The current full fee rates for psychotherapy services are, with GFE following:**

45 minutes (Individual Psychotherapy): $175/session **GFE:** $9100

45 minutes (Couples/Family Psychotherapy): $200/session **GFE:** $10,400

45 minutes (Individual Psychotherapy + texting between sessions): $225/session **GFE:** $11,700

**Disclaimer**

The Good Faith Estimate shows the cost of 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 the course of treatment. You could be charged more if complications or special circumstances occur. If this happens, federal law allows you to dispute (appeal) services that are more than $400 above the estimated cost of services.

The Good Faith Estimate is not a contract and therefore does not require you to obtain the items or services provided by Amanda Johns, LCSW. At the foundation of a good therapeutic relationship between client and therapist is the client’s right to self determination and autonomy. Therefore you (as the client) have the right to terminate services at any time.

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

You may contact your clinician 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 as 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 pay the price of the Good Faith Estimate. If the agency disagrees with you and agrees with the health care provider, you must pay the higher amount.

To learn more and to get a form to start the process, or to learn more about the Good Faith Estimate or No Surprise Act, go to [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) or call 1-800-985-3059