

## Good Faith Estimate as of June 2026

Provider Name: Wendy L.K. Barnes, LPC

Provider/Facility Type: Renewing for Life Counseling, PLLC, private practice

Provider Address: 18830 Stone Oak Pkwy #102, San Antonio, TX 78258

Provider Phone #: 210-475-1303

Provider Email: wendy@renewingforlife.com

Provider NPI: 1134140381

Provider Taxpayer Identification Number (TIN): 45-2948828

Patient Diagnosis: Counseling, Unspecified ICD Code: Z71.9

Please write previous Diagnosis if known/desired:

Effective January 1, 2022, a ruling went into effect called the "No Surprises Act," which requires mental health practitioners to provide a "Good Faith Estimate" (GFE) to patients who do not have insurance or patients who have insurance but are out-of-network. This ruling requires me to diagnosis you before our initial visit (which I believe is poor practice and unethical) so I provided you with the generic diagnosis above. If you wish to have a formal diagnosis we can discuss after a minimum of three sessions. Note that many clients do not wish to have a diagnosis and desire to focus treatment on symptoms and areas of growth instead. This is totally your preference, and I am open to talking about both with you.

The Good Faith Estimate's purpose is to show the cost of services to avoid an unreasonably large bill. Your treatment and cost of treatment will vary based on your individual needs, amount of therapy sessions needed/wanted, and the type and length of services you attend. I have no way of predicting the exact amount of therapy sessions or services that will be needed however I will provide some examples of total cost of treatment for reference. Please remember you can always discuss billing, cost, treatment plan, length of sessions, and amount of sessions with me at any time.

This document is NOT a contract and does not obligate you to obtain any services from me or Renewing for Life Counseling, PLLC. The Good Faith Estimate is not intended to serve as a recommendation for treatment or prediction to attend a specific number of psychotherapy visits nor does it provide an all-inclusive treatment plan. Therapy is and will always be voluntary and unique to fit your specific needs.

Please refer to the Renewing for Life FEE SCHEDULE 2026 for a breakdown of fees effective beginning January 1, 2026. The current fee schedule is subject to change; you will be provided written notice and 30 days before fee changes will become effective.

None of the following example estimates are treatment plans or required sessions to attend. Session frequencies and lengths will vary from client to client and based on many factors. When choosing to participate in counseling with Wendy L.K. Barnes, LPC; Renewing for Life Counseling, PLLC, you will not be committing to any number of sessions and may terminate at any time.

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Examples of Good Faith Estimates: Please note these are estimates and your exact cost of treatment will depend on the amount of sessions you wish to have weekly, length of sessions, and additional services requested by you, the client. The examples below are for considering how the costs for counseling for twelve months for varied frequency and/or length of visits.

Example 1: \$200 Initial session + \$150 hour session fee x 40 (nearly weekly for a full calendar year) = \$6200.

Example 2: \$200 Initial session fee plus \$150 hour session fee x 20 (every other week for one calendar year or weekly for six months) = \$3200.

### Disclaimer

Attending counseling more often than the above examples or for the longer session times will result in higher fees. The Good Faith Estimate examples show the costs of services that are reasonably expected and options for you to choose for your health care needs.

Renewing for Life Counseling, PLLC will continue to collect fees at the time of service . Should you feel your annual bill is unreasonably high (in excess of \$400) than the highest cost example equations above, you may do any of the following.

You may dispute the charges with the provider listed above.

You may dispute the charges through a resolution process with the U.S. Department of Health and Human Services (HHS). If you choose to use this process you must start the process within 120 calendar days of the date on the bill. There is currently a \$25 fee to use this process. For more information you may visit [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) or call (800) 368-1019.

Keep a copy of this Good Faith Estimate in a safe place and again if you should have any questions, please feel free to discuss with me at any point during one of our sessions.

I have fully read the above Good Faith Estimate and have inquired about any question I have regarding this estimate. I understand this is only an estimate and not a prescribed treatment plan. I understand this is not a contract and I am not obligated to participate in counseling services.

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Signature

Date