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Shaka Mental Wellness

Alexis Lopez, DNP, PMHNP-BC

NPI: 1700507126 **EIN:** 41-4639868

Good Faith Estimate

EXPECTED SERVICES AND CHARGES

(This is NOT a Bill)

Shaka Mental Wellness's current self-pay fees are:

Comprehensive Initial Psychiatric Evaluation

Follow-Up / Medication Management — up to 30 minutes

Extended Follow-Up — 30–60 minutes

Telehealth or In-person

Expected Charge
$250 (1 appointment)
$100 (3-8 appointments, depending on medication effectiveness, side effects and adherence)
$175 (Dependent on severity of symptoms and medication reigmen)
Same fee as corresponding in-office service

Individualized Estimate

Based on the information currently available, the following services are reasonably expected:

Expected Service

Number Expected

Fee Per Service

Estimated Total

Initial Comprehensive Psychiatric Evaluation $250

Follow-Up / Medication Management — up to 30 min $100

Extended Follow-Up — 30–60 min $175

Other: _____

TOTAL ESTIMATED COST OF CARE

$___1050.00_____

Estimated period of care covered by this estimate:

From: _____08/2026_____ To: _____08/2027_____

ANTICIPATED COURSE OF TREATMENT

All new patients begin treatment with a comprehensive psychiatric evaluation.

When medication is initiated or adjusted, patients are generally seen approximately **monthly for at least the first three follow-up appointments**, or until symptoms are improving, medications and doses are stable, and less frequent monitoring is clinically appropriate.

Once symptoms and medications are stable, follow-up appointments are typically scheduled approximately **every 2–3 months**, based on individual clinical needs.

Some patients may require more frequent appointments due to medication changes, symptom severity, diagnosis, safety concerns, controlled-substance monitoring, or other clinical considerations.

Estimated Treatment Plan for This Patient

Initial psychiatric evaluation: ☐ $250

Anticipated follow-up schedule:

Estimated number of follow-up visits during this estimate period:

Expected type of follow-up: ☐ Up to 30 minutes — $100 each ☐ Extended 30–60 minutes — $175 each ☐ Combination based upon clinical needs

Additional anticipated services, if any:

SERVICES AND COSTS NOT INCLUDED IN THIS ESTIMATE

This estimate generally reflects services **provided and billed directly by Shaka Mental Wellness**.

Treatment recommendations may include services or products provided by outside entities. Charges from those entities are not included in this estimate unless specifically identified above.

These may include:

- Prescription medications and pharmacy charges
- Laboratory testing
- Urine or other drug screening
- Genetic or pharmacogenomic testing
- EKG/ECG testing
- Imaging
- Primary care or specialist services
- Therapy provided by another clinician
- Psychological or neuropsychological testing
- Emergency department or hospital services
- Other outside health care services

You may request cost information or a separate Good Faith Estimate from the provider or facility

furnishing those services.

ADMINISTRATIVE SERVICES

Certain requested administrative services performed outside of a scheduled appointment may result in a separate charge.

Shaka Mental Wellness's current fee for completion of forms, letters, reports, and other qualifying administrative paperwork is:

$25 per 15 minutes of provider time

Examples may include disability or FMLA paperwork, employment or school documentation, accommodation forms, record summaries, court-related documentation, medical clearance forms, or other requested reports.

Because these services are generally patient-requested and their extent cannot always be reasonably anticipated when this Good Faith Estimate is created, **administrative charges are not included in the estimated total above unless specifically listed.**

Routine work/school excuse notes or appointment verification provided at the time of a visit may not incur a fee at the provider's discretion.

CANCELLATION AND NO-SHOW FEES

Cancellation and no-show fees are **not included in the estimated cost of health care services above** because they are avoidable administrative charges rather than anticipated treatment.

Shaka Mental Wellness's current attendance policy provides:

- **Late cancellation with less than 24 hours' notice:** 50% of the scheduled appointment fee.
- **No-call/no-show:** 100% of the scheduled appointment fee.
- **First late cancellation or missed appointment:** Fee waived as a one-time courtesy under the practice's attendance policy.
- Arriving more than 15 minutes late may result in rescheduling and may be treated as a late cancellation when there is insufficient time to safely complete the appointment.

Please refer to the **Shaka Mental Wellness Attendance, Cancellation, No-Show, and Follow-Up Policy** for complete terms and exceptions.

IMPORTANT INFORMATION ABOUT YOUR GOOD FAITH ESTIMATE

This Good Faith Estimate reflects the items and services that are reasonably expected based on information known at the time the estimate is prepared.

This estimate is not a guarantee of the exact services you will need or the exact amount you will ultimately pay.

Your psychiatric treatment is individualized. Your treatment plan may change based on factors including:

- Your symptoms and diagnoses
- Response to medication or other treatment
- Medication changes
- Side effects
- Clinical progress

- Safety concerns
- Need for additional monitoring
- New or worsening symptoms
- Your preferences and treatment goals

Additional services that were not reasonably anticipated when this estimate was prepared may be recommended if clinically appropriate.

When appropriate, an updated Good Faith Estimate may be provided if the anticipated course of care changes substantially.

THIS GOOD FAITH ESTIMATE IS NOT A CONTRACT

This Good Faith Estimate **is not a contract** and does not require you to receive any of the items or services listed in this estimate from Shaka Mental Wellness.

You may discuss questions regarding your anticipated services or charges with Shaka Mental Wellness before receiving care.

YOUR RIGHT TO DISPUTE CERTAIN CHARGES

If you receive a bill from a provider or facility that is **at least $400 more than the Good Faith Estimate from that provider or facility**, you may be eligible to use the federal **Patient-Provider Dispute Resolution** process.

You may also contact Shaka Mental Wellness to discuss any difference between your Good Faith Estimate and your actual charges.

For additional information about your rights under the No Surprises Act and the Patient-Provider Dispute Resolution process, visit the Centers for Medicare & Medicaid Services (CMS) medical billing rights resources.

No Surprises Help Desk: 1-800-985-3059

ACKNOWLEDGMENT OF RECEIPT

I acknowledge that I received this Good Faith Estimate from Shaka Mental Wellness.

I understand that this document is an estimate based on information currently available, is not a bill or contract for services, and that my actual treatment needs may change.

Patient/Guardian Name: _____

Signature: _____ **Date:** _____

Provider/Practice Representative: _____

Date: _____

PRACTICE USE

Date GFE provided: _____

Method provided: ☐ Patient Portal ☐ Paper ☐ Electronic ☐ Other: _____

Prepared by: _____

NPI: _____ **TIN:** _____

Client Signature

Date