

Therapy with Amanda Walker, LLC
600 17th St.
Suite 2800 South
Denver, CO 80202
(720) 655-3243

Therapy with Amanda Walker, LLC

Good Faith Estimate for Health Care Items and Services

This is a sample Good Faith Estimate, provided by Therapy with Amanda Walker, LLC, based on current pricing. A similar official Good Faith Estimate will be provided and signed prior to the first appointment.

PROVIDER INFORMATION

Provider name: Amanda Walker MS, LMFT, LPC, LPCC
Licenses (Colorado): LMFT.0002044 / LPC.0017397
Licenses (California): LMFT.106054 / LPCC.8430
Provider Type: Psychotherapist (LMFT, LPC, LPCC)
Provider organization: Therapy with Amanda Walker, LLC
Street address: 600 17th St., Suite 2800 South, Denver, CO 80202
Location of Services Rendered: Online / Telehealth
Contact person: Amanda Walker
Phone: (720) 655-3243
Email: amanda@therapywithamandawalker.com

DETAILS OF SERVICES

The services provided by your therapist include psychotherapy and/or professional counseling.

Common service codes and services provided by your therapist include:

90791, Psychiatric Diagnostic Evaluation, 50 Min

90834, Psychotherapy, 45 Min

90837, Psychotherapy, 60 Min

DIAGNOSIS CODE

A note about diagnosis: I do not typically diagnose clients unless I believe a specific diagnosis to be accurate after evaluation and, after consulting with the client, I believe that having a mental health diagnosis is likely in the client's best interest. In addition, a diagnosis takes multiple sessions of assessment before being considered. Please speak to your therapist about this practice if you have questions or concerns.

Some common diagnostic codes used by your therapist include:

- F32.0-F33.9 – Major Depressive Disorder (MDD)
- F34.1 – Persistent Depressive Disorder (Dysthymia)
- F40.10 – Social Anxiety Disorder (Social Phobia)
- F41.0 – Panic Disorder
- F41.1 – Generalized Anxiety Disorder (GAD)
- F43.0 – Acute Stress Disorder
- F43.10 – Posttraumatic Stress Disorder (PTSD)
- F43.20-F43.25 – Adjustment Disorder
- Z63.0 – Relationship Distress with Spouse or Intimate Partner
- Z63.4 – Uncomplicated Bereavement
- Z55.9 – Academic or Educational Problem
- Z56.9 – Other Problem Related to Employment
- Z60.0 – Phase of Life Problem
- Z60.4 – Social Exclusion or Rejection
- Z60.5 – Target of (Perceived) Adverse Discrimination or Persecution
- Z60.9 – Unspecified Problem Related to Social Environment
- Z91.49 – Other Personal History of Psychological Trauma
- Z91.5 – Personal History of Self-Harm
- Z72.9 – Problem Related to Lifestyle

PROVIDER ESTIMATE

The estimated costs are valid for 12 months from the date this Good Faith Estimate is signed, or until a new estimate is provided at the start of the new year. The duration of treatment varies based on several unique factors including diagnosis, client engagement, life circumstances, expectations of therapy, therapist availability, and type of therapy. Although treatment can be shorter than the allotted time on this estimate, it is anticipated that treatment will require weekly sessions and could continue throughout the year. As every situation is unique, you and your therapist will continually assess the appropriate frequency of therapy and will work together to determine when you have met your goals and are ready to terminate services.

SERVICES AND EXPECTED DATES OF SERVICE

Initial Service or Item: 90791

Primary Service or Item: 90837

Secondary Service or Item: 90834

Expected Dates of Service: One session per week

Cost Per Session: \$150

Expected Weekly Cost: \$150

Number of Weeks Through End of Year: 52

Estimated Cost Per Year: \$ 7,800

(cost per session x number of weeks per year)

Total Expected Charges from Therapy with Amanda Walker, LLC: \$7,800

Disclaimer

This Good Faith Estimate is not a contract and does not require you to obtain the items or services from any of the providers or facilities identified in this Good Faith Estimate.

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. The Good Faith Estimate does not include any unknown or unexpected costs that may arise during treatment. There may be additional items or services the convening provider or convening facility recommends as part of the course of care that must be scheduled or requested separately and are not reflected in the Good Faith Estimate. The information provided in this Good Faith Estimate is only an estimate and actual items, services, or charges may differ from the Good Faith Estimate. You could be charged more if complications or special circumstances occur. If this happens, federal law allows you to dispute (appeal) the bill.

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

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. 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 or call HHS at 1-877-696-6775.

For questions or more information about your right to a Good Faith Estimate or the dispute process, visit www.cms.gov/nosurprises or call HHS at 1-877-696-6775.