

*\* indicates a required field*

Colvin Family Counseling, Inc.  
EIN 84-2646729

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(949) 241-0042

**\* Client's Name**

**\* Client's Date of Birth**

## **Good Faith Estimate: What is this?**

You are required by law to receive this "Good Faith Estimate" of what the charges could be for psychotherapy services provided to you. This estimate is not a contract and does not obligate you to obtain any services from me.

You will receive a new "Good Faith Estimate" in September, when fees raise annually by \$5. (As a reminder from my intake paperwork, unless otherwise arranged, the fee you paid in August will raise by \$5 in September. If this makes therapy cost prohibitive for you, please let me know.)

The intent of the "No Surprises Act," which requires this "Good Faith Estimate" is to reduce confusion in settings such as a hospital, where many different people are giving different services that insurance companies reimburse at different rates. It makes less sense in a private therapy practice setting, where you have agreed to pay a designated cash rate to the same therapist for each session you participate in. Regardless, currently I am obligated to provide this to you.

## **Why is this estimating the cost for one year?**

While it is not possible for a psychotherapist to know in advance how many psychotherapy sessions may be necessary or appropriate for a given person, this form provides an estimate of the cost of services provided over the course of one year, as one

year is the longest I can write this form for, and I believe it would be frustrating for both of us to have you sign a new form monthly. This does not obligate you to participate in therapy for any more sessions than you would like to participate in.

Your total cost of services will depend upon the number of psychotherapy sessions you attend, your individual circumstances, and the type and amount of services that are provided to you. There may be additional items or services I may recommend as part of your care that must be scheduled or requested separately and are not reflected in this good faith estimate.

## **What happens if my cost is more than what is stated here?**

You have the right to initiate a dispute resolution process if the actual amount charged to you substantially exceeds the estimated charges stated in your Good Faith Estimate (which means \$400 or more beyond the estimated charges). For questions or more information about your right to a Good Faith Estimate or the dispute process, visit <https://www.cms.gov/nosurprises/consumers> or call 1- 800-985-3059.

## **Provider Estimate**

The fee for a 45-minute psychotherapy visit (in person or via telehealth) is \$225. Most clients will attend one psychotherapy visit per week, but the frequency of psychotherapy visits that are appropriate in your case may be more or less than once per week, depending upon your needs.

Based upon a fee of \$225, if you attend one psychotherapy visit per week, your estimated charge would be \$900 for four visits provided over the course of about one month; \$2,925 for 13 visits over the course of about 3 months; \$5,850 for 26 visits over the course of about 6 months; \$8,775 for 39 visits over the course of about 9 months; and \$11,700 for 52 visits over the course of about 1 year.

Based upon a fee of \$225, if you attend two psychotherapy visits per week, your estimated charge would be \$1,800 for eight visits provided over the course of about one month; \$5,850 for 26 visits over the course of about 3 months; \$11,700 for 52 visits over the course of about 6 months; \$17,550 for 78 visits over the course of about 9 months; and \$23,400 for 104 visits over the course of about 1 year.

If you attend therapy for a longer period, your total estimated charges will increase according to the number of visits and length of treatment.

If I am brought into a legal matter involving you, in any way, my compensation rate is \$500/hour. You agree that these fees are higher rates than my hourly fees for psychotherapy, and that is because legal involvement is time/energy-consuming and may interfere with my practice responsibilities.

The following are the most commonly used procedure codes (AKA CPT Codes) used in therapy:

90834 - 45 minutes psychotherapy

90847 - 45 minutes family psychotherapy

90846 - 45 minutes family psychotherapy without the patient present (example parenting support)

Form updated 01/01/23