

**Good Faith Estimate for Health Care Services**  
**Counseling for Growth, LLC**  
2924 Brakley Dr., Suite B2, Baton Rouge, LA 70816

Taxpayer identification Number (EIN) for Counseling for Growth, LLC : 20-5063274

Client Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Client Address: \_\_\_\_\_

Client Address: \_\_\_\_\_

Client Email: \_\_\_\_\_

Client Phone: \_\_\_\_\_

You have been referred to my office for treatment or have been an ongoing client or past client. I'm required by the 2022 No Surprises Act to give you a Good Faith Estimate of the cost of treatment if you are uninsured or can't use insurance. Since I'm not fully licensed, I'm currently unable to accept any insurance.

Since I have not yet evaluated your difficulties or symptoms, I must at this point estimate your course of treatment based upon the national average for a course of psychotherapy, which is 18 encounters. This initial estimate is valid for 12 months, but you are entitled to receive an update on this estimate at any time upon request.

The following is a detailed list of expected charges for Psychotherapy Services provided by:

Charmaine Garin, M.S., PLPC, NCC

90791: Assessment Session (1) Cost: \$80.00

90834-90837: 45 to 60-minute Psychotherapy (17) Cost: \$75.00

Current ICD-10 diagnosis: R69 (= diagnosis deferred, pending evaluation).

Anticipated treatment:

- 1 session of CPT 90791 (diagnostic evaluation) at \$80.00
- 17 weekly sessions of CPT 90834- 90837 (psychotherapy, 45 minutes up to 60 minutes) at \$75 per session
- Total of estimated "fee for services" treatment without insurance: \$1355.00.

This is just a rough estimate based on national averages. The duration of our work together can be longer or shorter depending upon your symptoms, your work between sessions, and your response to treatment. Unless required by a court order (an extremely rare situation), you are free

to discontinue treatment at any time, and free to discuss any other modifications to treatment modalities, frequency, or duration. You are ultimately in control of your own healthcare; I am just here to provide help at your request.

My care of you may require up to 18 weekly therapy sessions, the national average. Although the number of total sessions required to meet your goals is unknown at this time, the average number of sessions for most diagnoses (nationally) is 18 sessions. Depending on the progress that we make, I expect that you may need as few as 10-15 sessions. The estimated cost (without insurance) would then be \$80.00 for the assessment plus 10-15 additional sessions at \$75.00 each for an additional total cost of \$830.00 to \$1205.00.

- Location of treatment: All sessions will take place either in my office at 2924 Brakley Dr., Suite B2, Baton Rouge, LA 70816, or via teletherapy.
- My identifying information: Charmaine Garin, M.S., PLPC, NCC
- Tax ID number (EIN) for Counseling for Growth, LLC: 20-5063274

This estimate expires one year from today's date.

### **Disclaimer**

This Good Faith Estimate shows the costs of services that are reasonably expected for the expected services to address your mental health care needs. The estimate is based on the information known to me when I did the estimate.

The Good Faith Estimate does not include any unknown or unexpected costs that may arise during treatment. 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 \$400 more (per provider) than this Good Faith Estimate (GFE), you have the right to dispute the bill**

You may contact Charmaine Garin at the contact listed above to let them know the billed charges are at least \$400 higher than the GFE. You can ask them to update the bill to match the GFE, ask to negotiate the bill, or ask if there is financial assistance available. Please understand, the estimate is based on the average number of sessions and if your clinical case requires more sessions, then the increased amount would be expected given those requirements.

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 GFE. 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](http://www.cms.gov/nosurprises) or call CMS at 1-800-985-3059.

For questions or more information about your right to a Good Faith Estimate or the dispute process, visit [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) or call CMS at 1-800-985-3059 .

This GFE is not a contract. It does not obligate you to accept the services listed above.

**Keep a copy of this Good Faith Estimate (GFE) in a safe place or take pictures of it. You may need it if you are billed more than \$400 than the estimate provided above.**

Please sign below to acknowledge receipt of this GFE.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Name - Print