

**Nancy Curotto, Psy.D LLC/Pet Loss Psychotherapy**

**GROUP NPI#: 1902354418  
GOOD FAITH ESTIMATE**

**Patient Name:**

**DOB:**

**Diagnosis:**

**Out-of-network provider(s) or facility name:** Nancy Curotto, Psy.D. LLC/Pet Loss Psychotherapy

The amount below is only an estimate; it isn't an offer or contract for services. This estimate shows the full estimated costs of the items or services listed. It doesn't include any information about what your health plan may cover. This means that **the final cost of services may be different than this estimate.**

**Contact your health plan to find out how much, if any, your plan will pay (for out of network providers) and how much you may have to pay and information about your out of network benefits.**

**GOOD FAITH ESTIMATE- TABLE OF SERVICES AND FEES**

Date of Service (If Known)	Service code (CPT Code)	Description	Fee for Service (Number of Sessions Will Be Determined as We Progress)
	90791	Initial Diagnostic Evaluation	\$225
	90832	Psychotherapy, 30 mins (16-37 minutes)	\$112.50
	90834	Psychotherapy, 45 mins (38-52 minutes)	\$168.75
	90837	Psychotherapy ≥ 53 minutes EMDR session 60 minutes	\$206.25 \$225
	98966-98968	Telephone Assessment & Management	Prorated based on the amount of time spent at the hourly rate
	98970-98972	Online Digital Evaluation & Mgt (Responding to Email & Text Messages)	Prorated based on the amount of time spent at hourly rate
	Cancellation Fee	Your Therapist Requires a 48-Hour Cancellation Fee	You are responsible for the Fee
	Professional Services	Include but not limited to report preparation, letters on your behalf, and treatment summaries	\$225 per hour rate (prorated at \$3.75/minute).
	Legal Fees	Due to the unexpected difficulties of legal involvement, the fees reflect each day I am required or requested to participate. These fees include preparation and attendance, "portal to portal".	For any time spent preparing and each day I am required or requested to participate 7am- 12pm= \$1000 12:01pm- 5PM =\$2000 Payment is required in advance.
	Total Estimate:	This Good Faith Estimate explains your therapist's rate for each service provided. Your therapist will collaborate with you throughout your treatment to determine how many sessions and/or services you may need to receive the greatest benefit based on your diagnosis(es)/presenting clinical concerns.	

Please note that Place of Service (in office vs. telemental health) is not delineated above since the charges are identical.