

4. GFE

Client Full Name:

Client Date Of Birth:

Provider: Cara Maksimow, LCSW / License#: 44SC04629900 / NPI#: 1346678885 / EIN#: 46-4184328

You are entitled to receive this “Good Faith Estimate” of what the charges could be per session for psychotherapy services provided to you. 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 rendered that are provided per session. Your total cost of services will depend upon the number of psychotherapy sessions you attend, your individual circumstances, and the type and/or amount of services that are provided to you. This estimate is not a contract and does not obligate you to obtain any services from the provider(s) listed, nor does it include any services rendered to you that are not identified here.

This Good Faith Estimate is not intended to serve as a recommendation for treatment or a prediction that you may need to attend a specified number of psychotherapy visits. Most clients will attend one psychotherapy visit per week, but the frequency of psychotherapy visits will depend on your needs and what you agree to in consultation with your therapist. You are entitled to disagree with any recommendations, and you may discontinue treatment at any time.

Common services and service codes and fee per services used at Maximize Wellness for individual therapy include the following: CPT code/description/fee:

90791- Initial intake assessment– 50-60 minutes \$225

90834-Individual session; recurring-45-52-minutes \$225

90840-Psychotherapy for crisis; 30-minutes- \$150

Cancellations within 24 hrs of appt are charged at full appt rate \$225

Clinical Diagnosis Assessment

Clinical diagnosis is unknown at the time of intake. Diagnosis will not impact service fee in any way. You can access diagnosis from Maximize Wellness at any time.

You have a 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 per services rendered).

Maximize-Wellness.com website has information on the "No Surprises Act" or you may speak to Cara Maksimow with any additional questions about this Good Faith Estimate or go to website www.cms.gov/nosurprises for more information.

Signature: