



# GAMEPLAN THERAPY

## Good Faith Estimate

The No Surprises ACT (effective 1/1/22) requires that health care providers provide this notice and that it be reviewed with each client. You are entitled to receive this “Good Faith Estimate” (GFE) of what the charges could be for therapy services provided to you. While it is not possible for a therapist to know, in advance, how many therapy sessions may be necessary or appropriate for a given person, this form provides an estimate of the cost of services provided. Your total cost of services will depend upon the number of therapy sessions you attend, your individual circumstances, diagnosis if applicable, and the type and 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 therapy visits. The number of visits that are appropriate in your case, and the estimated cost for those services, depends on your needs and what you agree to in consultation with your therapist. You are entitled to disagree with any recommendations made to you concerning your treatment and you may discontinue treatment at any time.

### Good Faith Estimate

Date of Good Faith Estimate: Date documented and shared in client patient portal by your provider. You may print this GFE from the patient portal for your records.

Provider Name: Sarah Haider, Psy.D.	Facility Name: Gameplan Therapy
Provider Address: 7120 East Orchard Road, Suite 305, Centennial, CO 80111	
Provider Phone #: (303) 747-5855	
Provider Tax ID# : 825472534	GamePlan Therapy NPI: #1174017891

### Client information (please add your information to this form for your personal records):

Name:

Date of Birth:

Diagnosis: Please refer to your provider, or complete this if you have received a formal diagnosis from a different provider. Otherwise, consider that the diagnosis is To Be Determined (TBD)

### Expected Charges:

The following is a list of expected charges for Sarah Haider, Psy.D. The fee for a 45-minute therapy visit (standard time for in-person or via telehealth) is \$275/45 minute session. 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 \$275 per visit, if you attend one psychotherapy visit per week, your estimated charge would be \$1,100 for four 45-minute visits provided over the course of one month. If you attend two therapy sessions a month (or are seen bi-weekly) the two visits totaled would be \$550 per month. 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 we meet for a shorter 30 minute session, the rate is \$185.



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## Sarah Haider, Psy.D. Rates:

Intake Evaluation (90 minutes) \$550  
Individual, Couples or Family Session (30 minutes) \$185.00  
Individual, Couples or Family Session (45 minutes) \$275.00  
Individual, Couples or Family Session (60 minutes) \$365.00  
Onsite Consultation or Session (e.g., in-home, in-school, experiential exposures) \$365/hr  
Reports, Records Review, & Recommendations (per 15 minutes) \$50  
Legal Proceedings \$500/hr  
Missed Appointment/Same Day Cancellation: Full Fee for Service Scheduled  
Service Codes and Fees for Sarah Haider, Psy.D.: 90791= \$550, 90832= \$185, 90834= \$275, 90837= \$365

## Jen Hurvitz, LMFT Rate (45 minutes) \$225.00

Intake Evaluation (90 minutes) \$450  
Individual, Couples or Family Session (30 minutes) \$135.00  
Individual, Couples or Family Session (45 minutes) \$225.00  
Individual, Couples or Family Session (60 minutes) \$265.00  
Onsite Consultation or Session (e.g., in-home, in-school, experiential exposures) \$265/hr  
Reports, Records Review, & Recommendations (per 15 minutes) \$50  
Legal Proceedings \$500/hr  
Missed Appointment/Same Day Cancellation: Full Fee for Service Scheduled  
Service Codes and Fees for Jen Hurvitz 90791= \$450, 90832= \$135, 90834= \$225, 90837= \$265

## Abby Hansen, LPC Rate (45 minutes) \$185.00

Intake Evaluation (90 minutes) \$450  
Individual, Couples or Family Session (30 minutes) \$125.00  
Individual, Couples or Family Session (45 minutes) \$245.00  
Individual, Couples or Family Session (60 minutes) \$245.00  
Onsite Consultation or Session (e.g., in-home, in-school, experiential exposures) \$245/hr  
Reports, Records Review, & Recommendations (per 15 minutes) \$50  
Legal Proceedings \$500/hr  
Missed Appointment/Same Day Cancellation: Full Fee for Service Scheduled  
Service Codes and Fees for Abby Hansen: 90791= \$450, 90832= \$125, 90834= \$185, 90837= \$245

## Danielle Dunne M.Psy. Rate (45 minutes) \$150.00

Intake Evaluation (90 minutes) NA  
Individual, Couples or Family Session (30 minutes) \$100.00  
Individual, Couples or Family Session (45 minutes) \$150.00  
Individual, Couples or Family Session (60 minutes) \$200.00  
Onsite Consultation or Session (e.g., in-home, in-school, experiential exposures) NA, all services provided are virtual  
Reports, Records Review, & Recommendations (per 15 minutes) \$50  
Legal Proceedings \$500/hr  
Missed Appointment/Same Day Cancellation: Full Fee for Service Scheduled  
Service Codes and Fees for Danielle Dunne: Danielle is a coach and not a licensed therapist; therefore, we do not provide service codes for her sessions



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Bailey Esch M.Ed. Rate (45 minutes) \$150.00

Intake Evaluation (90 minutes) NA

Individual, Couples or Family Session (30 minutes) \$100.00

Individual, Couples or Family Session (45 minutes) \$150.00

Individual, Couples or Family Session (60 minutes) \$200.00

Onsite Consultation or Session (e.g., in-home, in-school, experiential exposures) NA, all services provided are virtual

Reports, Records Review, & Recommendations (per 15 minutes) \$50

Legal Proceedings \$500/hr

Missed Appointment/Same Day Cancellation: Full Fee for Service Scheduled

Service Codes and Fees for Bailey Esch: Bailey is a coach and not a licensed therapist; therefore, we do not provide service codes for her sessions

## **Additional Provider Notes Including Total Estimated Cost:**

The length of treatment depends on a variety of factors such as presenting concerns, diagnoses, desired frequency of sessions, type of treatment being sought, desire for short-term versus long-term treatment, etc. Depending on the amount of progress we are able to make together, I typically meet with clients who are either seeking short-term therapy for 3-6 months, and those seeking longer-term treatment, for 1-2 years or longer depending on their needs. This Good Faith Estimate does not include factors potentially impacting monthly cost such as vacations, holidays, illness or emergencies. The provider late fee will be assessed for all appointments that are cancelled under the day before notice required.

The estimated costs are valid for 12 months from the date of the Good Faith Estimate. If your provider increases their fees, and you have been in treatment for more than 12 months after receiving this Good Faith Estimate, you will be given a three month notice prior to the new fees being implemented.

## **Disclaimers**

- 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 and is subject to change.
- 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.
- The Good Faith Estimate is not a contract and does not require you to obtain the services from the provider identified on the Good Faith Estimate.
- The Good Faith Estimate is a new medical act that all mental health providers are required to comply with, however due to the nature of our work being much different than a medical providers estimated costs, the APA will continue to provide us guidance on how to make sure this GFE process is ethical and appropriate for psychotherapy services. As additional information is given, this form may be adjusted as needed. If this is the case, a new updated form will be sent to you.

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



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- 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](http://www.cms.gov/nosurprises) or call HHS at (800) 368-1019.
- 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 (800) 368-1019.
- Keep a copy of this Good Faith Estimate in a safe place or take pictures of it. You may need it if you are billed a higher amount.