

Good Faith Estimate

Client's Name (Please print)

Date of Birth

Provider:

Cheryl Taylor, M.Ed., Ed.D., Licensed Mental Health Counselor #MH25999
86 Waverly Lane, Palm Coast, FL 32164

Date of Good Faith Estimate: _____

This estimate is for counseling services in telehealth sessions through 12/31/2025.

Explanation of Estimate for New Clients:

The estimate below is the range of costs that is likely for most patients. Until I do an initial evaluation and we start to work together, I will not have a clear picture of your specific diagnosis, issues, and needs. I typically see clients for 6 to 26 weekly or bi-weekly sessions (see estimate below), but in some cases, a client's issues may be more complicated, so we may need additional sessions during the time covered by this estimate.

Explanation of Estimate for Continuing Clients:

The estimate below is the range of costs that I think is likely for your care over the time period covered by this estimate. However, depending on how treatment progresses, more or fewer sessions may be needed.

Details of Estimate:

The following is a detailed list of expected charges for counseling services scheduled for 2025. The estimated costs are valid for 12 months from the date of this Good Faith Estimate, unless I send you an updated estimate. I do not bill insurance; you may choose to submit receipts to your insurance to see if you may be eligible for any reimbursement.

Expected Costs:

- Initial evaluation (90791) 1 session @ \$75.00 totaling \$75.00.
- Psychotherapy (90837) 1 – 26 weekly or bi-weekly sessions @ \$75.00 totaling \$75.00 to \$1950.00.

Total estimated cost for treatment for 6 to 26 sessions is \$450.00 to \$1,950.00.

Name (Please print)

Relationship to Client

Client or if under 18, Parent/Guardian Signature

Date