

Good Faith Estimate for Mental Health/Behavioural Care Services

Persons seeking professional clinical counseling services are entitled to receive a "Good Faith Estimate" outlining the potential charges for psychotherapy requested. While it is not possible for any mental health clinician to predict how many counseling sessions may be necessary or appropriate for any specific person, the information below provides the estimated total cost for three to twelve months, or 1 to 52 sessions, of counseling services. The definitive total cost of psychotherapy services will depend upon the actual number of professional clinical counseling sessions attended, the individual circumstances, and the type and amount of services that are provided to the client.

The Good Faith Estimate is not intended to serve as a recommendation for treatment or a prediction for a specified number of psychotherapy visits. The number and frequency of sessions that are appropriate in each case, and the estimated cost for those services, depends on the individual needs of the client and specific agreement with the providing clinician.

Below are Good Faith Estimates for three (3), six (6), nine (9), and twelve (12) months of weekly professional clinical counseling services for clients who are:

- **uninsured and/or**
- **not utilizing insurance/EAP and/or**
- **choosing to self-pay and/or**
- **insurance/EAP has denied all coverage of billed amounts and/or**
- **choosing a provider that is out-of-network (Some insurances may cover, in full or partially, out-of-network providers.)**

Service	Length of Service	Sessions Per Week	Service Code (CPT)	Number of Sessions	Cash Rate Expected Cost
Professional Clinical Counseling	3 Months (13 Weeks)	One (1) session per week	90834 (45 min session)	13	\$100.00 each TOTAL EXPECTED COST: \$1300.00
Professional Clinical Counseling	6 Months (26 Weeks)	One (1) session per week	90834 (45 min session)	26	\$100.00 each TOTAL EXPECTED COST: \$2600.00
Professional Clinical Counseling	9 Months (39 Weeks)	One (1) session per week	90834 (45 min session)	39	\$100.00 each TOTAL EXPECTED COST: \$3900.00
Professional Clinical Counseling	12 Months (52 Weeks)	One (1) session per week	90834 (45 min session)	52	\$100.00 each TOTAL EXPECTED COST: \$5200.00

Good Faith Estimate Disclaimer

Under the law, health care providers are required to give patients who don't have insurance or who are not using insurance, an estimate of the total expected cost for non-emergency medical and non-medical services, including psychotherapy services, before the service is scheduled.

Make sure your health care provider gives you a Good Faith Estimate in writing at least one (1) business day before your medical service or item, including psychotherapy services. You can also ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule an item or service, including psychotherapy services.

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.

The amount provided 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. The estimate was generated with the assumption of no health insurance coverage. 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 insurance plan will pay and how much you may have to pay.

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 receive a bill that is at least \$400.00 more than this Good Faith Estimate, you have the right to dispute the bill.

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 \$25.00 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.

For questions or more information about your right to a Good Faith Estimate or the dispute process, visit <https://www.cms.gov/nosurprises/consumers> or call 1.800.985.3059.

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.