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Good Faith Estimate (GFE)
for Self-Pay Therapy and Clinical Psychological Testing

Date Good Faith Estimate Provided: ____ / ____ / ____

Method Provided: Phone Email Paper copy at intake Other: _____

Client Name: _____ Client Date of Birth: ____ / ____ / ____

Clinician/Evaluator: _____

Service Covered by This Good Faith Estimate

Self-pay therapy.

Self-pay therapy session fee: \$_____ per session

Self-pay therapy is billed per session. Unless otherwise agreed in writing, the self-pay therapy fee is due at the beginning of each therapy session. This estimate is valid for 12 months from the date above unless superseded by a written update issued by this office, including if the fee, service, or clinician changes.

Self-pay standard clinical psychological testing/evaluation.

Standard clinical psychological testing/evaluation flat fee: \$_____

Self-pay standard clinical psychological testing/evaluation is generally billed as a flat fee. Unless otherwise agreed in writing, the client may pay one-half of the flat fee at the intake appointment and the remaining one-half at the results/feedback appointment. The flat fee generally includes the clinical intake/interview, testing administration, scoring, interpretation, report writing, and results/feedback session. This estimate applies only to the standard clinical evaluation being scheduled under the current fee schedule. Clinical testing fees are reviewed and may be updated every 6–12 months. If the client does not begin the evaluation until after the fee schedule changes, a new GFE may be required and the total fee may be different.

Applicability and Exclusions

This form is for clients who are uninsured or who choose not to use insurance. Clients who use accepted insurance benefits for the service generally do not need this form. Standard clinical psychological testing/evaluation means evaluation requested for clinical diagnosis, treatment planning, or educational/clinical clarification, such as ADHD, Autism, learning disability, diagnostic clarification, personality testing, and other clinical psychological assessment services. This form does not apply to forensic, legal, court-related, attorney-referred, immigration, FOID, custody/parenting, fitness-for-duty, employment, disability, or other administrative/legal evaluations. Those services require a separate forensic or evaluation-specific fee agreement.

Good Faith Estimate Notice

Under federal law, health care providers are required to provide a Good Faith Estimate to clients who do not have insurance or who choose not to use insurance. This GFE shows the expected cost of the self-pay service checked above, based on information known at the time the estimate is prepared. It is not a contract and does not require the client to receive services from this office or from any specific clinician. If the client receives a bill from this provider or facility that is at least \$400 more than this GFE for the same estimated service scope, the client may have the right to dispute the bill. The client may contact the office to discuss the bill, request that the bill be reviewed or updated, ask to negotiate the bill, or ask about available payment options. The client may also start a patient-provider dispute resolution process with the U.S. Department of Health and Human Services within 120 calendar days of the date on the original bill. There is a \$25 fee to use the dispute process. Starting a dispute process will not adversely affect the quality of health care services furnished to the client. For questions or more information, visit www.cms.gov/nosurprises or call CMS at 1-800-985-3059.

Office Documentation Note

When a fee estimate is first discussed by phone, this written GFE should still be completed and provided to the client by email or as a paper copy at or before the intake appointment, when applicable. Office administrative staff may prepare and provide this GFE using the current office fee schedule. Questions about clinical services or evaluation scope should be directed to the treating/evaluating clinician or practice leadership. This GFE does not replace the clinician's consent-to-treatment form, office policies, or any clinician-specific policies regarding missed appointments, late cancellations, records, forms, or other administrative matters.