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Date of Good Faith Estimate: ____/____/____

This estimate is for psychotherapy services, e.g., counseling, therapy, psychotherapy, treatment, etc., good for a year, or until a new written agreement replaces this one. The fees for psychotherapy/treatment are as below:

- Initial intake session (40-45 minutes; CPT Code 90791): \$250.
- Individual therapy sessions (53-60 minutes; CPT Code 90837): \$200.
- Individual therapy sessions (40-53 minutes; CPT Code 90834): \$150.
- Couple's and family therapy sessions (40-45 minutes; CPT Codes 90846 & 90847): \$180.

If you and your clinician have agreed on a sliding fee schedule, you will be charged with the agreed amount according to each clinician's sliding fee scale. Your agreed amounts are \$_____ for the Initial session and \$_____ for the remaining treatment sessions. The total amount of estimated costs depends on the frequency of your therapy sessions, usually weekly, biweekly, and/or monthly, as is discussed and decided between you and your therapist.

you have read, understand, and agree to be bound by the content, terms, and conditions of this informed consent contract.

_____/____/____
Client's Name (Print) Client's Name (Signature) Client's DOB Date

Guardian's Name (Print) Guardian's Name (Signature) Date

Clinician Clinician NPI Date

Disclaimer

This Good Faith Estimate shows the costs of services that are reasonably expected for the expected services to address your mental health care needs. The estimate is based on the information known to the office when the office administrative staff did the estimate. 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 are billed for \$400 more (per provider) than this Good Faith Estimate (GFE), you have the right to dispute the bill. You may contact the office at the contact listed above to let them know the billed charges are at least \$400 higher than the GFE. You can ask them to update the bill to match the GFE, 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 GFE. If the agency disagrees with you and agrees with the health care provider or facility, you will have to pay the higher amount. This GFE is not a contract. It does not obligate you to accept the services listed above.