



# DREW'S PLACE PSYCHOTHERAPY SERVICES, INC.

1388 COURT ST, SUITE A-1, REDDING, CA. 96001 / 530-338-1452

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## Good Faith Estimate for Psychological Testing Services

Date of Good Faith Estimate: \_\_\_\_\_

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Client Email: \_\_\_\_\_

Address: \_\_\_\_\_

Service Requested/ Scheduled: \_\_\_\_\_

Client Primary Diagnosis (w/ code): \_\_\_\_\_

Client Secondary Diagnosis (w/ code): \_\_\_\_\_

If scheduled, list the date the primary service or item will be provided: \_\_\_\_\_

### Billed Prices for Services Rendered

Code	Description	Length	Billed Amount
90791	Psychological Diagnostic Evaluation	---	\$250 per hour
96116	Neurobehavioral status exam, per hour	1 hour	\$250 per hour
96121	additional hour (paired with 96116)	1 hour	\$250 per hour
96130	Psychological Testing, First hour	1 hour	\$250 per hour
96131	Each additional hour	---	\$250 per hour
96136	Psychological Test and scoring two or more tests; first 30 mins	30 mins	\$125
96137	Each additional 30 mins	30 mins	\$125/ ½ hour
NS	No Show****	-	\$125

#### Group Practice Information:

Group NPI: 1073272928

Group Tax ID: 87-3781777

#### Individual Provider Information:

\_\_\_\_\_ Robert Francis, PsyD

Individual NPI: 1639402241

**Disclaimer:** The Good Faith Estimate shows the cost of items and services that are reasonably expected for your healthcare needs for an item or service. The estimate is based on information known at the time the estimate was created.

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 you are billed for 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 how 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 PHONE NUMBER]. 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).

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_