



Heal Together Counseling, LLC
194A Pleasant Street, Suite 206
Concord, NH 03301
Phone: 401-584-4325
Fax: 978-616-7325

Good Faith Estimate

The Good Faith Estimate is federally mandated to be given to anyone who is not utilizing insurance benefits to pay for mental health treatment. The Good Faith Estimate provides an estimate of costs associated with your child's treatment based on known factors at the time the estimate was provided.

This estimate is based off utilization of weekly therapy. It does not include any unexpected or unknown costs that arise during treatment. These may include additional services and associated fees that you opt to utilize outside of psychotherapy that are outlined in the financial agreement.

Client Name: _____ DOB: _____

Estimate is for: _____ through _____

Details of Estimate:

- Intake Assessment: \$150.00 X 1 week = \$150.00
- 60 minute sessions: \$125.00 X 51 weeks = \$6,375.00

- Total Yearly Cost: \$6,525.00**

Provider Name: Rebecca Searles, LCSW

Provider Signature: _____ Date: _____

Parent Signature: _____ Date: _____