Good Faith Estimate Self Pay

Date:\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB:\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

Diagnosis:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**You have the right to receive a “Good Faith Estimate” explaining how much your medical and mental health care will cost. Under the law, health care providers need to give patients who don’t have insurance or who are not using insurance an estimate of the expected charges for medical services, including psychotherapy services. You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency healthcare services, including psychotherapy services.  You can ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule a service.  If you receive a bill that is at least $400 more than your Good Faith Estimate, you can dispute the bill. Make sure to save a copy or picture of your Good Faith Estimate. For questions or more information about your right to a Good Faith Estimate, visit**[**www.cms.gov/nosurprises**](http://www.cms.gov/nosurprises)**.**

As a strength-based and client-centered practice, we empower our clients to determine their own course of mental health treatment (including but not limited to: Frequency of treatment, choice of clinician and length of service.) Fees are paid per session at a rate of $125.00. Therefore, if you were to attend therapy once a week for 50 weeks a year, your annual service estimate would equal $6250.00. If you were to attend therapy once a month for a year, your annual service estimate would equal $1500.00. A helpful calculator is below to determine cost of service, depending on the frequency of sessions you decide to book. It's not possible to know in advance how many sessions a person may need. It's up to you if you want to project what the costs is for more than a month or two, but it isn't necessary.

(\_\_\_\_\_\_\_ # of sessions) X ($125.00 session fee/ 50 minutes) = (total yearly fee)

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Client signature

Lisa Redding, MA LPC BSL PC 010318

Carol Koehler, MSW LCSW BSL CW020508

NPI 1285259259 FEIN 85-1310340