

Good Faith Estimate for Health Care Services

Jane Doe, LPC-S, LMFT-S

6100 Perkins Rd., # 207, Baton Rouge, La 70808-4191

National Provider Identifier Number: xxxxxx5937

Taxpayer identification Number (EIN) : 81-xxxxxxx

Client Legal Name: _____ Date of Birth: _____

Client Address: _____

Client Address: _____

Client Email: _____

Client Phone: _____

You have been referred to my office for treatment. I'm required by the 2022 No Surprises Act to give you a **Good Faith Estimate of the cost of treatment if you are uninsured or don't want to use insurance for this care**. Since we haven't met, and don't yet know if you want to use insurance for your treatment, the information below is based on "fee for service" (out of pocket) rates.

If you DO intend to use insurance, check with your insurance carrier to find out what your copayment or coinsurance rates will be—they are likely to be much smaller.

If you are using an Employee Assistance Program (EAP) that is provided through an employer (yours or a family member's), be advised that EAP services are short-term, and limited to a few sessions (usually a maximum between 3 and 8, depending on the plan), and provided at no cost to you. Any subsequent sessions are your responsibility (either through insurance, or self-pay).

Since I have not yet evaluated your difficulties or symptoms, I must at this point estimate your course of treatment based upon the national average for a course of psychotherapy, which is 18 encounters. **This initial estimate is valid for 12 months, but you are entitled to receive an update on this estimate at any time upon request.**

The following is a detailed list of expected charges for Psychotherapy Services provided by:

Jane Doe, LPC-S, LMFT-S

90791: Assessment Session (1) Cost: \$150.00

90834: 45-minute Psychotherapy (17) Cost: \$100.00 per session

Current ICD-10 diagnosis: R69 (= diagnosis deferred, pending evaluation).

Anticipated treatment:

- 1 session of CPT 90791 (diagnostic evaluation) at \$150.00
- 17 weekly sessions of CPT 90834 (psychotherapy, 45 minutes) at \$100.00 per session
- Total of estimated “fee for services” treatment without insurance: \$1850.00.

This is just a rough estimate based on national averages. The duration of our work together can be longer or shorter depending upon your symptoms, your work between sessions, and your response to treatment. Unless required by a court order (an extremely rare situation), you are free to discontinue treatment at any time, and free to discuss any other modifications to treatment modalities, frequency, or duration. You are ultimately in control of your own healthcare; I am just here to provide help at your request.

My care of you may require up to 18 weekly therapy sessions, the national average. Although the number of total sessions required to meet your goals is unknown at this time, the average number of sessions for most diagnoses (nationally) is 18. Depending on the progress that we make, I expect that you may need as few as 10-15 sessions. The estimated cost (without insurance) would then be \$150.00 for the assessment plus 10-15 additional sessions at \$100.00 each for a total cost of \$1,150.00 to \$1650.00.

- **Location of treatment:** All sessions will take place either in my office at 6100 Perkins Rd, # 207, Baton Rouge, LA 70808-4191, or via teletherapy.
- **My identifying information:** Jane Doe, LPC-S, LMFT-S
- **National Provider Identifier:** xxxxxxx5937
- **Tax ID number (EIN):** xx-xxx5225

This estimate expires one year from today’s date.