

## Good Faith Estimate

Pursuant to the No Surprises Act (HR133, Title 45 Section 149.610), therapists are to provide clients with a "Good Faith Estimate" (GFE) of expected charges for services to be provided.

This is a sample of the form I currently use. It will be filled in with my current fees at the start of treatment.

### GOOD FAITH ESTIMATE

*Pursuant to the No Surprises Act (HR133, Title 45 Section 149.610), this form is used to provide a current or prospective client with a "Good Faith Estimate" (GFE) of expected charges for services to be provided.*

Client Name:	Client Date of Birth:
Client Address:	
Client Phone #: (    )	Client Email:
Diagnosis Codes (if known):	
Services Requested: Psychotherapy	

Provider Name:	License:
Provider Address:	
Provider Phone #:	
Provider Tax ID#	Provider NPI #

You are entitled to receive this "Good Faith Estimate" of what the charges could be for psychotherapy services provided to you. While it is not possible for a psychotherapist to know, in advance, how many psychotherapy sessions may be necessary or appropriate for a given person, this form provides an estimate of the cost of services provided. **Your total cost of services will depend upon the number of psychotherapy sessions you attend, your individual circumstances, and the type and amount of services that are provided to you.** This estimate is not a contract and does not obligate you to obtain any services from the provider(s) listed, nor does it include any services that may be recommended during treatment to you that are not identified here.

This Good Faith Estimate is not intended to serve as a recommendation for treatment or a prediction that you may need to attend a specified number of psychotherapy visits. **The number of visits that are appropriate in your case, and the estimated cost for those services, depends on your needs and what you agree to in consultation with your therapist.** You are entitled to disagree with any recommendations made to you concerning your treatment and you may discontinue treatment at any time.

The fee for a 50-minute psychotherapy visit (in person or via telehealth) is \$\_\_\_\_\_. **Most clients will attend one psychotherapy visit per week, but the frequency of**

**psychotherapy visits that are appropriate in your case may be more or less than once per week, depending upon your needs.** Based on this per visit fee cited above, the following are expected charges of psychotherapy services:

Number of Weeks	Total estimated charges for 1 session per week	Total estimated charges for 2 sessions per week
1 Week of Service		
13 Weeks of Service (Approx. 3 Months)		
26 Weeks of Service (Approx. 6 months)		
39 Weeks of Service (Approx. 9 months)		
52 Weeks of Service (Approx. 12 Months)		

You have a right to dispute a bill if the actual amount charged to you substantially exceeds the estimated charges stated in your Good Faith Estimate (which means \$400 or more beyond the estimated charges).

For questions or more information about your right to a Good Faith Estimate or the dispute process, visit

<https://www.cms.gov/nosurprises/consumers> or call 1-800-985-3059. The initiation of the patient-provider dispute resolution process will not adversely affect the quality of the services furnished to you.

Keep a copy of this Good Faith Estimate in a safe place or take pictures of it. You may need it if you are billed a higher amount.

You are encouraged to speak with your provider at any time about any questions you may have regarding your treatment plan, or the information provided to you in this Good Faith Estimate.

Date of this Estimate: \_\_\_\_\_

I have received a copy of this Good Faith Estimate:

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

(Please sign and date

*Updated - July 2022*