

Good Faith Estimate

The No surprises Act went into effect January 1, 2022. The intention of this act is to protect patients from unexpected medical bills. Pursuant to this act, you are entitled to a “Good Faith Estimate” of possible charges for psychiatric services provided to you. While it is not possible for us to know, in advance, how many medication 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 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 rendered 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 provider. 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 an 90-minute evaluation visit (in person or via telehealth) is \$400. All clients must have an evaluation at the beginning of treatment. The evaluation does not need to be repeated assuming you stay active in treatment. Please see below for additional costs.

Most clients attend monthly 30 minute appointments for medication management until they are at the right dose and type of medication. The cost for these appointments is \$175. They then frequently switch to quarterly visits. In some cases, you can be seen every six months once stable. Some clients may prefer or need 60 minute medication visits. The cost of these visits is \$300. Unfortunately, we have no way of knowing in advance how often you will need to be seen. In addition, reemergence of symptoms may require returning more often. Based on these fees, the following charges may occur over the course of a year:

Number of Weeks of Treatment	Total estimated charges based on a 30 minute medication appointment.	Total estimated charges based on a 60 minute medication appointment.
1	\$175.00	\$300.00
4	\$700.00	\$1,200.00
10	\$1,750.00	\$3,000.00
20	\$3,500.00	\$6,000.00

You have a right to initiate a dispute resolution process 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). 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.

Patient Signature: _____

Patients' written name _____

Date _____