CLIENT NAME:

CLIENT DOB:

DATE:

This estimate is for psychotherapy services through this date:

* I understand that the estimate below is the range of costs/cost that is likely for most new clients. Until we complete an initial evaluation and we start to work together, we will not have a clear picture of your specific diagnosis and treatment needs. We typically see therapy clients for 24-50 sessions for a total cost of $2160-$4500. But in some cases a patient’s issues may be more complicated, so we may need additional sessions during the time covered by this estimate. The estimate below is the range of costs that we think is likely for your care over the time period covered by this estimate. However, depending on how treatment progresses, more or fewer sessions may be needed.
* I understand that this GFE is not a contract. It does not obligate you to accept the services listed above.
* I understand that I should retain a copy of this Good Faith Estimate (GFE) in a safe place or take pictures of it. You may need it if you are billed more than $400 than the estimate provided above.

If you have questions about this estimate, please contact Aleese Flunder at Aleese.flunder.mhc@gmail.com or by calling 551-247-0850

Disclaimer: This Good Faith Estimate shows the costs of items and services that are reasonably expected for your health care needs for an item or service. The estimate is based on information known at the time the estimate was created. The Good Faith Estimate does not include any unknown or unexpected costs that may arise during treatment. You could be charged more if complications or special circumstances occur. If this happens, federal law allows you to dispute (appeal) the bill. This estimate does not take into consideration the client’s insurance deductible, co-payment, or coinsurance amounts. If you are billed for more than this Good Faith Estimate, you have the right to dispute the bill. You may contact the health care provider or facility listed to let them know the billed charges are higher than the Good Faith Estimate. You can ask them to update the bill to match the Good Faith Estimate, ask to negotiate the bill or ask if there is financial assistance available. You may also start a dispute resolution process with the U.S. Department of Health and Human Services (HHS). If you choose to use the dispute resolution process, you must start the dispute process within 120 calendar days (about 4 months) of the date on the original bill. There is a $25 fee to use the dispute process. If the agency reviewing your dispute agrees with you, you will have to pay the price on this Good Faith Estimate. If the agency disagrees with you and agrees with the health care provider or facility, you will have to pay the higher amount. To learn more and get a form to start the process, go to www.cms.gov/nosurprises/consumers or call 1-800-985-3059. For questions or more information about your right to a Good Faith Estimate or the dispute process, visit [www.cms.gov/nosurprises/consumers or call 1-800-985-3059](http://www.cms.gov/nosurprises/consumers%20or%20call%201-800-985-3059).

Client Signature

Date