**What is a Good Faith Estimate?**

Recently the federal government has begun to require that psychologists provide a “good faith” estimate of what it will cost to receive psychological services. Because my fees usually involve only two services - the intake visit and follow-up sessions - it is fairly simple to provide an estimate of what you can expect to pay.

**Estimated frequency of visits and length of treatment:**

I generally meet with clients in the vicinity of once a week until we see adequate relief from symptoms and/or have covered the essential ideas involved in your treatment. In some cases, I will meet more often with clients if there is need or advantage to doing so.

This makes it fairly easy to understand what your charges will be. Though treatment duration varies with complexity and response to treatment can vary, you can generally expect to be seen for 15 sessions.

**If you use insurance to pay:**

If you will be using insurance to pay for my services, we will bill your insurance and you will pay only your copayment. Some policies will require you to first pay a deductible before insurance begins to pay such that you will have to consider the deductible in calculating what my services will cost. Contacting customer service at the number located on your insurance card, is the best procedure for verifying and getting specifics about your coverage.

**If you do not use insurance to pay:**

If you do not use insurance or I do not take your insurance, I am considered out of network and my fees are higher. I will charge more for the first session because it is usually longer and involves more writing time. This session is $300. Follow up sessions are billed at $220 per session. If there is a gap in seeing you of more than a year, the first session following will be treated as an intake.

**Additional fees:**

I reserve the right to charge for additional services such as between visit phone calls that are more involved than changes of scheduling or getting administrative information, requested form completion, legal proceedings, disability paper work, etc.

**Below:**

Below is the form that I will use to provide you with your good faith estimate. It includes information regarding, service codes I will ordinarily use, my tax identification and national provider identification numbers and how to dispute my bill.

**Good Faith Estimate for My Services**

**Ronald O. Powell, PhD**

7345 164th Ave NE, 145, #459

Redmond, WA 98052

Phone: 425-802-1990

Date of Good Faith Estimate: \_\_\_/\_\_\_\_/\_\_\_ This estimate is for psychotherapy services through [Date]

**Brief explanation of estimate for new patients:**

The estimate below is the cost that is likely for new patients at this time. I typically see therapy patients for 15 sessions for a total cost of $[*number or range*]. However, in some cases a patient’s rate of improvement many be slower or the issues more complex and we may need additional sessions during the time covered by this estimate.

**Brief explanation for continuing patients:** The estimate below is the cost that I 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.

Contact: If you have questions about this estimate, please bring it to my attention and I will be glad to discuss it with you further.

**Details of the Estimate**

The following is a detailed list of expected charges for psychological services scheduled for services beginning **[date or dates]**. The estimated costs are valid for 12 months from the date of this Good Faith Estimate, unless [I/we] send you an updated Estimate.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Service** | **Diagnosis Code** (once determined) | **Service code** | **Quantity**  (# of sessions or  units. Give number or range) | **Cost per unit** | **Expected cost** |
| Initial evaluation | [use ICD codes] | 90791 | 1 | $ 300 | $ |
| Psychotherapy |  | 90837 |  | $220 | $ |
| Administrative Fees |  |  |  | 220 per hr | $ |
|  |  |  |  |  |  |

Total estimated cost: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My NPI number is : 1083767495 My TIN number is: 47-1120178

**Patient information:**

Patient name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Disclaimer**

This Good Faith Estimate shows the costs of services that are reasonably expected for the expected services to address your mental health care needs. The estimate is based on the information known to me when I did the estimate.

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 such as the completion of unexpected paper work, participation in legal proceeds, etc. If you have unexpected charges, federal law allows you to appeal the bill. However, I hope you would bring your concern to my attention first so that I may be able to resolve the issue without your further attention.

**If you are billed for $400 more than this Good Faith Estimate (GFE), you have the right to dispute the bill**

You may contact me by phone or mail to let me know that the billed charges are at least $400 higher than your GFE. You can ask me to update the bill to match the GFE, 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 GFE. 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 Department of Human Services dispute process, go to:

www.cms.gov/nosurprises or call CMS at 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 or call CMS at 1-800-985-3059.

This GFE is not a contract. It does not obligate you to accept the services listed above.

**Keep 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 over the estimate provided above.**