

### Simple Good Faith Estimate for Services Provided by One Psychotherapist/Provider

Acorn Counseling PLLC, 109 Enterprise Parkway Suite 201, Boerne TX 78006, 830.981.5330

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

#### Brief explanation of estimate for new clients:

The estimate below is the range of costs that are likely for most or new private pay clients. I will not have a clear picture of your specific diagnosis, issues and needs until I do an initial evaluation and we start to work together. I typically see therapy clients for an average of 8 sessions for a total cost of \$960. But in some cases, a client's issues may be more complicated, so we may need additional sessions during the time covered by this estimate.

**Brief explanation for continuing clients:** The estimate below is the range of costs 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: Please contact me if you have questions about this estimate.

#### Details of the Estimate

The following is a detailed list of expected charges for services scheduled for the coming year. The estimated costs are valid for 12 months from the date of this Good Faith Estimate, unless I provide 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		90791	1	\$120	\$120
Psychotherapy		90837	7	\$120	\$840

**Total estimated cost:** \$120-\$960

**Provider:** Susan Loveland, MA, LPC

NPI number: 1427145978/Group 1851544738

**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 us when we 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. If this happens, federal law allows you to dispute (appeal) the bill.

**If you are billed for more than this Good Faith Estimate, you have the right to dispute the bill.**

You may contact Acorn Counseling PLLC at the information listed above to let me know the billed charges are higher than the Good Faith Estimate. You can ask me 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](http://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](http://www.cms.gov/nosurprises) or call CMS at 1-800-985-3059.

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

**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 more than \$400 than the estimate provided above.**

Initials signify receipt: \_\_\_\_\_