

Good Faith Estimate

No Surprises Act

Your Right to a Good Faith Estimate

Under the federal No Surprises Act, you have the right to receive a Good Faith Estimate of the expected charges for mental health services if you do not have insurance or are not using insurance for these services. This document estimates the cost of an initial diagnostic evaluation followed by 12 or more therapy sessions.

You can ask for a Good Faith Estimate before you schedule a service, and you will receive one in writing within the timelines set by federal law.

Fee Schedule

These are the fees per service. Diagnosis codes are not assigned until the initial evaluation is complete.

Service code	Description	Fee per unit (USD)
90791	First session for all clients: diagnostic evaluation	\$275.00
90847	Couple/family psychotherapy, conjoint	\$225.00
90837	Regular ongoing session: psychotherapy, 53+ min	\$200.00
90834	Psychotherapy, 38-52 min	\$175.00
90832	Psychotherapy, 16-37 min	\$150.00
90785	Interactive complexity (add-on, only when clinically needed)	\$55.00
No show / late cancel	Missed session or cancellation without required notice	\$175.00

Estimate for 12+ Sessions

A course of care of 12 sessions costs between \$2,075 and \$2,975, depending on session type and length, including the initial evaluation. Select the row that matches your expected care.

Expected care	Initial evaluation (90791)	12 sessions	Estimated total	Each session after 12
Individual, 53+ min (90837)	\$275.00	\$2,400.00 (\$200 × 12)	\$2,675.00	\$200.00
Individual, 38-52 min (90834)	\$275.00	\$2,100.00 (\$175 × 12)	\$2,375.00	\$175.00
Individual, 16-37 min (90832)	\$275.00	\$1,800.00 (\$150 × 12)	\$2,075.00	\$150.00
Couple/family (90847)	\$275.00	\$2,700.00 (\$225 × 12)	\$2,975.00	\$225.00

If interactive complexity (90785) is clinically needed, it adds \$55.00 per session, up to \$660.00 across 12 sessions. A missed session or late cancellation is \$175.00 each and is not included in the totals above.

Important Notes

- This is an estimate, not a contract. Your actual charges may be higher or lower depending on how many sessions you attend and the length and type of each session.
- Sessions beyond 12 are billed at the same per-session rate shown above.
- Diagnosis codes are determined during the initial evaluation and will not be known until then.
- If you are billed for \$400 or more above this estimate for any provider or facility, you have the right to dispute the bill.
- You must start the dispute process within 120 calendar days of the date on the original bill.
- To dispute a bill, you can use the patient-provider dispute resolution process. Visit www.cms.gov/nosurprises or call 1-800-985-3059 for details and instructions.
- Keep a copy of this Good Faith Estimate in a safe place, and keep any bills you receive so you have them if you dispute a charge.

This estimate does not include any charges for items or services not listed above, such as services from other providers.

Acknowledgment

I have received this Good Faith Estimate and understand the expected charges for the services listed.

Client signature

Date

Printed name