

Client: Melissa Allen
Provider: Kathleen Hughes, LPC
Provider License: LPC #37PC00531500

Good Faith Estimate for Health Care Items and Services

PATIENT INFORMATION

Provider Estimates

<PROVIDER NAME> estimated total cost: Laura Kearney, LCSW & Samantha Deutsch, LCSW Fees: \$225/Initial session & \$175/45 minute psychotherapy session

<PROVIDER NAME> estimated total cost: Kathleen Hughes, LPC and Melissa Allen, LCSW Fees: \$250/Initial session & \$195/45 minute psychotherapy session

Total estimated cost: \$225-\$9,805 for 1 entire year

PROVIDER ESTIMATE

Provider name: [INSERT NAME HERE]

Provider/facility type: [INSERT FACILITY HERE]

Street address: [INSERT ADDRESS HERE]

City: [INSERT CITY HERE]

State: [INSERT STATE HERE]

ZIP code: [INSERT ZIP CODE HERE]

Contact person: [INSERT NAME HERE]

Phone: [INSERT PHONE NUMBER HERE]

Email: [INSERT EMAIL HERE]

National Provider Identifier (NPI): [INSERT NPI HERE]

Taxpayer Identification Number (TIN): [INSERT TIN HERE]

DETAILS OF SERVICES AND ITEMS FOR [PROVIDER/FACILITY]

1.

Service/item: 60-90 minute biopsychosocial assessment

Address where service/item will be provided [street, city, state, ZIP]: 1581 State Route 23, Suite 3, Wayne NJ 07470 or Telehealth

Diagnosis code [ICD-10]: TBD at initial visit for each client

Service code [service code type: service code number]: 90791

Quantity: 1

Expected cost: \$225 - \$250

2.

Service/item: 45 minute psychotherapy

Address where service/item will be provided [street, city, state, ZIP]: 1581 State Route 23, Suite 3, Wayne NJ 07470 or Telehealth

Service code [service code type: service code number]: 90834

Quantity: Weekly at a rate of \$175-\$195 per session

Expected cost: \$8,800-9,805 for the year

3.

Service/item: 45 minute psychotherapy

Address where service/item will be provided [street, city, state, ZIP]: 1581 State Route 23, Suite 3, Wayne NJ 07470 or Telehealth

Service code [service code type: service code number]: 90834

Quantity: Bi-weekly at a rate of \$175-\$195 per session

Client: Melissa Allen

Expected cost: \$4600 - \$5,125 for the year

Additional health care provider/facility notes:

Initial consult sessions (90791) cost \$225-\$250

Ongoing psychotherapy sessions cost \$175-\$195 per session

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.

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 or call HHS at (800) 368-1019.

For questions or more information about your right to a Good Faith Estimate or the dispute process, visit www.cms.gov/nosurprises or call (800) 368-1019.

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 a higher amount.