

Good Faith Estimate for Mental Health Treatment

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 evaluation or 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.

Your signature below does not require you to receive therapy services from CNLD Testing & Therapy.

Patient Name

Patient Date of Birth

Street Address

City

State/Zip Code

Primary Service(s) Requested/Scheduled:

Diagnostic Interview; Therapy Sessions

Primary diagnosis (dx) and dx code:

To Be Determined (TBD)

Estimated Charges for each Service Provided are as follows:

- **90791**, Diagnostic Interview for Initial Clinical Assessment: \$220
- **90837**, Individual Therapy Session 53+ minutes: \$180
- **90834**, Individual Therapy Session 38 – 52 minutes: \$165
- **90832**, Individual Therapy Session 16 – 37 minutes: \$90
- **90846**, Family Therapy Session without client: \$180
- **90847**, Family Therapy Session with client: \$180

Calls between sessions, Consultation, coordination of services, and requested paperwork are/forms completion are billed at the rate of an individual session rate of \$180 per hour whether requested or required by client, medical professional, educational facility, or therapist. This fee is broken into 15 minutes increments and billed accordingly for time spent. Clinician will discuss fees prior to completion. Any requests by courts or attorneys for legal/forensic issues are billed at the rate of \$450 per hour.

Date(s) of Service(s): Weekly for 12 Months

Monthly: \$760 for four sessions in a month ($\$220 + \180×3)

Quarterly: \$2,200 for 12 sessions in a quarter ($\$220 + \180×11)

Annually: \$9,040 for 50 sessions within the next 12 months ($\$220 + \180×49)

Provider name: CNLD Testing & Therapy

National Provider Identifier (NPI): 1528282597

Tax Identification Number (TIN): 201896033

DISCLAIMER: These estimates may change as the treatment progresses as there are many factors that contribute to the estimated cost which are challenging to determine prior to the initial evaluation. Most of our clients see resolution of symptoms and successfully end treatment within the year, and as we progress move from weekly to every two weeks. Therefore, the above is the maximum amount that would be paid over the course of the year.

Name of Person signing form (if not client): _____

Relationship to client (if not client): _____

Client/Parent/Legal Guardian Signature

Date