

## Giselle Macfarlane Psychotherapy PLLC

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### THE NO SURPRISE ACT AND THE GOOD FAITH ESTIMATE

Under federal law, please see below an itemized list of costs and your rights. This estimate of costs is not a contract and does not obligate you to obtain clinical services from me.

#### Primary Services, Services Codes and Expected Charges

CPT 90791 - Psychiatric Diagnostic Evaluation: \$245

CPT 90837 - Psychotherapy (60 minutes): \$180

CPT 90846 - Family Psychotherapy without patient present (60 minutes): \$180

CPT 90847 - Family Psychotherapy with the patient present (60 minutes): \$180

Missed appointment/Late Cancellations Individual Therapy: \$180

Length, frequency, and number of sessions is dependent upon your condition and is a collaborative decision made by both provider and client. Typically, clients are seen initially weekly or bi-weekly and may continue to be seen monthly as maintenance. The estimated costs listed above are valid for 12 months from the date of the Good Faith Estimate.

**Disclaimer** - The Good Faith Estimate shows the costs of items and services that are reasonably expected for your health care needs. The estimate is based on information known at the time.

- 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.
- 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. 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).

_____	_____
Print Client Name	Date of Birth
_____	_____
Client Signature	Date