

GOOD FAITH ESTIMATE



This Good Faith Estimate is to comply with the “No Surprises Act.” As of January 1, 2022, the “No Surprises Act” requires providers to inform their uninsured and private pay clients that they have a right to a Good Faith Estimate to help them estimate the expected charges they may be billed.

You are entitled to receive this Good Faith Estimate of what the charges could be for psychotherapy services provided to you. While it is not possible for a therapist to know in advance how many therapy sessions may be necessary or appropriate for a given person, this form provides an estimate of the cost of services provided. Your total cost of services will depend upon the number of psychotherapy sessions you attend, your individual circumstances, and the type and amount of services that are provided to you.

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, and does not include any unknown or unexpected costs that may arise during treatment.

Your therapist may recommend additional items or services as part of your care that must be scheduled or requested separately and are not reflected in this Good Faith Estimate. This estimate is not a contract and does not obligate you to obtain any services from the provider listed, nor does it include any services rendered to you that are not identified here.

Client Information

Date of Good Faith Estimate (today’s date): _____

Client Name: _____

Client Date of Birth: _____

Provider Information

Provider Name: Dr. Dave Friese
Restore & Rebuild Counseling
1831 S. El Camino Real
Encinitas, CA 92024
Phone: 760 456-9035
Email: dave@restoreandrebuiltministries.com
Taxpayer Identification Number (TIN): #33-0310704

Expected Charges

The standard full fee for one 50-minute psychotherapy session (in person or via telehealth) is \$150.00. Most clients will attend one session per week, but the frequency of sessions that are appropriate in your case may be more or less than once per week, depending on your needs.

Based upon a fee of \$150.00 per visit, if you attend one session per week, your estimated charge would be:

\$600.00 for four visits provided over the course of one month

\$1200.00 for eight visits over two months

\$1800.00 for twelve visits over three months.

If you attend therapy for a longer period of time, your total estimated charges will increase accordingly.

If you have agreed with your therapist that you will be paying an amount per session lower than the standard full fee (a lower sliding scale fee, or a subsidized fee), then your total estimated charges will decrease accordingly.

If you are using your health insurance to reimburse you for some or all of your psychotherapy charges, then the total amount you end up paying may differ from this estimate, depending on your insurance coverage.

Disclaimer

You have the right to initiate a dispute resolution process if the actual amount charged to you substantially exceeds the estimated charges stated in your Good Faith Estimate (which means \$400 or more beyond the estimated charges).

For questions or more information about your right to a Good Faith Estimate or the dispute process, visit <https://www.cms.gov/nosurprises/consumers> or call 1-800-985-3059. The initiation of the patient-provider dispute resolution process will not adversely affect the quality of the services furnished to you.

This Good Faith Estimate is not intended to serve as a recommendation for treatment or a prediction that you may need to attend a specified number of psychotherapy sessions. The number of sessions that are appropriate in your case, and the estimated cost for those services, depends on your needs and what you agree to in consultation with your therapist. You are entitled to disagree with any recommendations made to you concerning your treatment and you may discontinue treatment at any time.

You are encouraged to speak with your provider at any time about any questions you may have regarding your treatment plan or the information provided to you in this Good Faith Estimate.

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.

This Good Faith Estimate expires three months from the date issued.

OMB Control Number: 0938-XXXX