



Joyful Hearts Counseling

Good Faith Estimate

You are entitled to receive this Good Faith Estimate of what charges could be for psychotherapy services provided to you. While it is not possible for Ms. Pechkurow to know in advance how many psychotherapy sessions are necessary for any given person, this form provides an estimate of cost services provided. Your total cost will depend on the number of sessions you attend, your unique circumstances, and the type and amount of services provided to you.

This Good Faith Estimate shows the cost of items and services that are reasonably expected for your health care need for an item or service.

This estimate is not a contract and does not obligate you to obtain any services from Joyful Hearts Counseling, nor does it include any services rendered to you that are identified here.

This 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. There may be additional items or services I may recommend as part of your care that must be scheduled or requested separately and are not reflected in this Good Faith Estimate. You could be charged more if complications or special circumstances occur. If this happens federal law allows you to dispute the bill.

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 resolution process, visit: <http://www.cms.gov/nosurprised/consumers> or call 1-800-985-3059.

Based on a fee of \$120 per visit at one psychotherapy session per week your estimated charge would be: (This is a high estimate for 12 months of service)

\$6,240 (weekly) **\$3,120** (every other week) **\$1,440** (monthly)

****If you are using insurance and have a copay and/or deductible you are responsible for communicating with your insurance plan to determine what that payment/session is.**

If you attend psychotherapy for a longer period, your total estimate charges will increase according to the number of sessions and length of treatment.

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 visits. The number of visits that are appropriate in your case and the estimated cost for those services depend on your needs and what you agree to in consultation with your therapist. You are entitled to disagree with any recommendation made to you concerning your treatment, and you may discontinue treatment at any time.

Client name

Therapist signature

Client signature (guardian signature if client is a minor)

Date