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**GOOD FAITH ESTIMATE NOTICE**

You are entitled to receive this “Good Faith Estimate” explaining the estimated charges for psychotherapy services provided to you. While it is not possible for a psychotherapist to know in advance how many psychotherapy sessions may be necessary or appropriate for a given person, this notice 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.

This estimate is not a contract and does not obligate you to accept any services from your provider, nor does it include any services rendered to you that are not identified in this notice.

This Good Faith Estimate is not intended to serve as a recommendation for treatment nor a prediction of the number of psychotherapy sessions you may need to attend. The number of visits that are appropriate to 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.

My fee for a 50-minute psychotherapy session (in-person or via telehealth) is \$170. Many clients will attend one psychotherapy session per week, but the frequency of sessions that are appropriate to your case may be more than or less than once per week.

Based on a fee of \$170 per session per week, your cost would be  
\$2040 for 12 sessions for three months  
\$4080 for 24 sessions for six months  
\$8160 for 48 sessions for twelve months

This required duration for this estimate is one year, yet you may choose to attend therapy for a longer period.

You can ask your psychotherapy provider, and any other provider you choose, for a personalized Good Faith Estimate before you schedule a service.

You have the right to initiate a dispute resolution process if the actual amount charged to you substantially exceeds (\$400 or more above) the estimated charges stated in your Good Faith Estimate. Please be sure to have a copy of your Good Faith Estimate for your dispute proceedings.

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 notice.

For questions or more information about your right to a Good Faith Estimate, visit [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises).

Effective date: January 20, 2022