

Good Faith Estimates for Health Care Items and Services Provided at

Monica Werner Counseling
6100 Western Ave
Chevy Chase, MD 20815
monica@monicawernercounseling.com
(202) 656-9184

The following is a detailed list of possible and expected charges for therapy services. The first session will be an intake session with parents and the clinician, followed by an individual therapy session with the client. Often therapy sessions are provided weekly or bi-weekly. Sessions continuing past their allotted time are billed at a prorated amount in 15 minute increments. Additional services and costs are also listed below.

“The estimated costs are valid for 12 months from the date of the Good Faith Estimate.”

| Service Code | Service Type | Cost |
|--------------|--|-------|
| 00000 | Initial Consultation, 15 min | \$0 |
| 90834 | Psychotherapy, 45 min | \$210 |
| 90837-95 | Telehealth Psychotherapy, 50 min | \$210 |
| 90791 | Therapy Intake, 50-60 min | \$300 |
| 90791-95 | Telehealth Therapy Intake, 50-60 min | \$300 |
| 90846 | Family Psychotherapy without client present, 45 min | \$210 |
| 90846-95 | Telehealth Family Psychotherapy without client present, 50 min | \$210 |
| 90839-95 | Telehealth Psychotherapy for Crisis, 50 min | \$350 |
| 90847 | Family Psychotherapy with client present, 45 min | \$210 |

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| 90847-95 | Telehealth Family Psychotherapy with client present, 50 min | \$210 |
| 99245 | Professional Consultation, 50 min | \$210 (if longer time frame add on fee) |
| 90889 | Preparation of Written Material, 30 min | \$105 |
| 99366 | School Observation, 1 hour observation plus 1 hour travel time | \$420 |
| 90832 | Psychotherapy 30 min | \$105 |
| 90832-95 | Telehealth psychotherapy, 30 min | \$105 |
| 90853 | Group Therapy, 50 m in | \$210 |
| +90840 | Additional Crisis Therapy, 30 min | \$200 |
| +99051 | Service provided in office or telehealth not during reg scheduled evening, weekend, or holiday hours, 30 min | \$50 |

Disclaimer

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 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.

