

## Good Faith Estimates for Health Care Items and Services Provided at

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The following is a detailed list of possible and expected charges for therapy services *effective January 1, 2023*. 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
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00000	Initial Consultation, 15 min	\$0
90834	Psychotherapy, 45 min	\$245
90837-95	Telehealth Psychotherapy, 50 min	\$245
90791	Therapy Intake, 50-60 min	\$350
90791-95	Telehealth Therapy Intake, 50-60 min	\$350
90846	Family Psychotherapy without client present, 45 min	\$245
90846-95	Telehealth Family Psychotherapy without client present, 50 min	\$245

90839-95	Telehealth Psychotherapy for Crisis, 50 min	\$375
90847	Family Psychotherapy with client present, 45 min	\$245
90847-95	Telehealth Family Psychotherapy with client present, 50 min	\$245
99245	Professional Consultation, 50 min	\$245 (if longer time frame add on fee)
90889	Preparation of Written Material, 30 min	\$120
99366	School Observation, 1 hour observation plus 1 hour travel time	\$450
90832	Psychotherapy 30 min	\$120
90832-95	Telehealth psychotherapy, 30 min	\$120
90853	Group Therapy, 50 m in	\$245
+90840	Additional Crisis Therapy, 30 min	\$220
+99051	Service provided in office or telehealth not during reg scheduled evening, weekend, or holiday hours, 30 min	\$120

#### 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.

To learn more and get a form to start the process, go to [www.cms.gov/nosurprises/consumers](http://www.cms.gov/nosurprises/consumers) or call 1-800-985-3059.

For questions or more information about your right to a Good Faith Estimate or the dispute process, visit [www.cms.gov/nosurprises/consumers](http://www.cms.gov/nosurprises/consumers) or call 1-800-985-3059.

**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.**