# Good Faith Estimate

Treatment Codes, Treatment Service/Modality, Length of Sessions
- 90791 Initial Assessment Session
- 90834 Individual Psychotherapy 45 minutes
- 90837 Individual Psychotherapy 53-60 minutes
- 90846 Family Counseling without identified patient 50 minutes
- 90847 Family Counseling with identified patient 50 minutes

**Frequency**
Frequency of sessions are determined by you, the Client, and treatment coordination with your therapist. Sessions typically occur weekly or bi-weekly, until the client and/or therapist opt to discharge treatment. The client can opt to discharge at any time, regardless of the therapist's recommendations.

**Fees for Session**
For clients using insurance, some insurance plans will be accepted, and a fee scale is negotiated based on each person's plan. A self-pay option of $80 per session is offered to clients who are unable to use insurance. Payments may be made by debit, credit, or HSA/FSA card. Card payments are taken through Simple Practice secure client portal. If a client is behind more than two payments, then the client and Rhēma-Therapy must come to a written agreement for payment arrangements or services will be terminated.

**Estimated Length of Service Provided**
The expected length of services can change for many reasons: treatment goals change, client availability changes, client request for a change in frequency of sessions. To estimate the highest potential cost if you were to continue therapy for a full calendar year, you may multiply the session rate (noted above) by 52 (the number of weeks in a year). The resulting sum does not account for holidays, scheduling conflicts, changes in frequency (as determined by client and therapist), client opting to discharge, completion of goals, etc. This is an estimate only.

**Statement and Disclaimer**
If you are uninsured or insured but self-pay, you have the right to receive a Good Faith Estimate (GFE) for services. These estimates may change as the treatment progresses and are not a guarantee of treatment frequency, length or cost. If estimates or services are added or changed, you will receive a new GFE. Your signature does not create a contract or require you to receive psychotherapy services from me. If actual costs of services greatly exceed the estimate, you may initiate dispute resolution (DR) by contacting HHS within 120 days. Initiating DR will not adversely affect your quality of care. Additional services must be scheduled or requested separately.

My signature below means that I understand and agree with the information above in the GFE.

* **I have read and consent to the above stated policies.**

_____

Signature of Client, Parent, or Legal Guardian  Printed Name  Date

_____ OR _____

Relationship to Client  Legal Authority (Attach Documents)