

Good Faith Estimate

*This is NOT a contract or agreement to do any number of therapy sessions, but an estimate of the cost of weekly therapy over the course of 3 months, 6 months, or 12 month. The good faith estimate does not entail or imply any obligation on the part of the client to utilize any services and the client is free to terminate therapy at any time.

CLIENT INFORMATION (PLEASE FILL OUT COMPLETELY):

- Client Name:
- Client Date of Birth:
- Client Address:
- Client Email:
- Client Phone:
- Client Diagnosis: Diagnosis is Deferred
- Date Client Provided Good Faith Estimate:

PROVIDER INFORMATION:

Provider Name: Kris Jacobsen LMHC, LH60938262

Provider Address: 3518 Fremont Ave N, #270, Seattle WA 98103

Provider Email: krisj@krisjacobsencounseling.com

Provider Phone: 360-632-0558

Provider NPI: 1427598846

Provide Tax ID: Available on request

ESTIMATED FEE INFORMATION:

Due to the nature of psychotherapy, it is impossible to predetermine the length of treatment in advance. Normal courses of treatment are 13 to 52 sessions of 55 minute individual therapy sessions or 75 min couple sessions per 3 months to a year. Below are some typical yearly costs for therapy:

Service Type: Individual Therapy (CPT code 90837 or Couple Therapy (no code)) Session Length: 55 minutes(individual) or 75 minutes(couple).

Service Fee per 55 minute session: \$165
Service Fee per 75 minute session: \$250

Estimated Session Frequency: Twice Weekly, Weekly, Biweekly

Estimate for 13 sessions at 55 minutes long: \$2145
Estimate for 13 sessions at 75 minutes long: \$3250
Estimate for 26 sessions at 55 minutes : \$4290
Estimate for 26 session at 75 minutes: \$6500
Estimate for 52 sessions at 55 minutes long: \$8580
Estimate for 52 sessions at 75 minutes long: \$13000

OTHER FEE ESTIMATES:

No shows and late cancellations (under 48 hours) will be charged the full session fee (\$165 or \$250 depending on what was scheduled)

Fees for between session or outside session activities may be charged based on the prorated rate of \$165 for 55 minutes. These fees may apply to:

- Additional therapeutic support via text, email, phone
- Additional therapy sessions requested by client
- Crisis support requested by client
- Coordination of care with other treatment providers requested by client
- Writing letters or treatment summaries requested by client

There is NO fee for between session contact for logistical issues of scheduling and billing.

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 or call HHS at (800) 368-1019.

For questions or more information about your right to a Good Faith Estimate or the dispute process, visit www.cms.gov/nosurprises or call (800) 368-1019.

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.

****I acknowledge I have received and understand my Good Faith Estimate**

Signed:

Dated: