



Good Faith Estimate Notice

WellPath Counseling & Associates

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You have the right to receive a “Good Faith Estimate” explaining how much your mental health care will cost.

Under the No Surprises Act, health care providers need to give patients who don’t have insurance, or who are not using insurance, an estimate of the expected charges for psychotherapy services.

You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency psychotherapy services.

You may request a copy of this Good Faith Estimate.

If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill. Make sure to save a copy or picture of your Good Faith Estimate.

For questions or more information about your right to a Good Faith Estimate, visit www.cms.gov/nosurprises.

See next page for a GFE breakdown.

The estimate below is the cost of psychotherapy for most new clients. Your counselor will do an initial assessment with you at the start of your work together, but cannot have a clear picture of your specific diagnosis, issues and needs for this projection. Therefore, this estimate is based on typical weekly or every other week counseling sessions for up to 12 months.

In some cases, a client's issues may be more complicated, or you may choose to participate in counseling for longer periods of time, so your estimate would reflect the period of time we work together and cannot be specifically covered by this estimate.

Details of the Estimate

The following is a detailed list of expected charges for psychotherapy services scheduled. The estimated costs are projected for 12 months from the date of this Good Faith Estimate. If WellPath Counseling & Associates increases the out of pocket rate while this Good Faith Estimate is in effect, you will receive 1 month's notice of the rate increase and an updated GFE.

Service	Diagnosis Code (once determined)	Service code	Quantity (# of sessions or units. Give number or range)	Cost per unit	Expected cost
Weekly 60 minute Individual Psychotherapy	N/A	90837	12 months	\$ 150	\$7,200
Every other weekly 60 minute Individual Psychotherapy	N/A	90837	12 months	\$ 150	\$3,600
Weekly 60 minute Couples/Family Psychotherapy	N/A	90847	12 months	\$150	\$7,200
Every other weekly 60 minute Couples/Family Psychotherapy	N/A	90847	12 months	\$ 150	\$3,600

NPI number: 1912332651 TIN: 90-1248801

This GFE is not a contract. It does not obligate you to accept the services listed above.