

The following is a detailed list of expected charges for Mental Health Services at Green Country Psychology, that may be scheduled weekly for individual, couples, family and/or group services. This estimation is for weekly services for 52 weeks or less depending on when services are scheduled.

The quantity of CPT-Coded Services may vary depending on the individual needs²

Check If Expected Service	CPT-Coded Services	Fee	Quantity	Expected Cost
<input checked="" type="checkbox"/>	90791: Intake Session	\$275	1	\$275.00
<input type="checkbox"/>	90837: 53 - 60 min psychotherapy	\$200.00 / session	1-52 sessions over 52 weeks	\$200-\$10,400
<input type="checkbox"/>	90834: 38-52 min psychotherapy	\$180 / session	1-52 sessions over 52 weeks	\$180-\$9,360
<input type="checkbox"/>	90832: 16-38 min psychotherapy	\$125 / session	1-52 sessions over 52 weeks	\$125-\$6,500
<input type="checkbox"/>	90846: 53-60 min family or couples psychotherapy, without patient present.	\$200	1-52 sessions over 52 weeks	\$200-\$10,400
<input type="checkbox"/>	90847: 53-60 min family or couples psychotherapy, with patient present.	\$200	1-52 sessions over 52 weeks	\$200-\$10,400
<input type="checkbox"/>	96127: brief emotional/behavioral assessment per session (in-person or electronic)	\$10 / session	\$10.00 twice monthly over 52 weeks (26 assessments)	\$260

² This Good Faith Estimate shows the costs of items and services that are reasonably expected for your health care needs for service. The estimate is based on information known at the time the estimate was created.

Potential Add-On Services or Business Charges That are Unknown, Unexpected, and/or Unpredicted At The Time of Scheduling³			
Optional/ If Necessary	90839: Psychotherapy for crisis, 30-74 min session	\$200.00 / session	Unexpected, unknown, and/or unpredicted service / cost
Optional/ If Necessary	Phone consultation, emailing or writing letters, preparing reports or treatment summaries, communication with family, friends, other health care providers, legal representatives, and attendance at meetings.	Quarter-hour time increments at a hourly rate of \$200.00	Unexpected, unknown, and/or unpredicted service / cost
Optional/ If Necessary	98966: Telephone assessment and management service to established client, parent, or guardian (5-10 min)	\$35 per incident	Unexpected, unknown, and/or unpredicted service / cost
Optional/ If Necessary	98967: Telephone assessment and management service to established client, parent, or guardian (11-20 min)	\$65 per incident	Unexpected, unknown, and/or unpredicted service / cost
Optional/ If Necessary	98968: Telephone assessment and management service to established client, parent, or guardian (21-30 min)	\$100 per incident	Unexpected, unknown, and/or unpredicted service / cost
Optional/ If Necessary	Client resources (materials for purchase for any services above)	\$25.00 per resource	Unexpected, unknown, and/or unpredicted service / cost
Optional/ If Necessary	No-Show fee	\$50.00-\$200.00 per incident	Unexpected, unknown, and/or unpredicted service / cost
Optional/ If Necessary	Service fee for bounced check or delinquent payments	\$25.00 per incident	Unexpected, unknown, and/or unpredicted service / cost

³ The Good Faith Estimate does not include Potential Add-On Services or Business Charges that are unknown, unexpected, or unpredicted at the time of scheduling 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.

This Good Faith Estimate is valid through the end of the calendar year for the year the Good Faith Estimate was provided⁴.

Good Faith Estimate⁴ _____

Estimated Total Cost: \$

If you are billed for more than this Good Faith Estimate, then you have the right to dispute the bill.

1. 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.
2. 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.
3. 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.
4. To learn more and get a form to start the process, go to www.cms.gov/nosurprises.
5. For questions or more information about your right to a Good Faith Estimate or the dispute process, visit www.cms.gov/nosurprises or call CMS at 1-800-985-3059.
6. 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 more than \$400 more than the estimate provided above.

⁴ The estimated costs are valid through the end of the calendar year for the year the Good Faith Estimate was provided.