

# Good Faith Estimate Intake Form

*\* indicates a required field*

## Good Faith Estimate

This estimate is not a contract and does not obligate you to obtain any services from me, nor does it include any services rendered to you that are not identified here. This Good Faith Estimate is not intended to serve as a recommendation for treatment or a prediction that you may need to attend a specified number of psychotherapy visits. The number of visits that are appropriate in your case, and the estimated cost for those services, depends on your needs and what you agree to in consultation with me. You are entitled to disagree with any recommendations made to you concerning your treatment and you may discontinue treatment at any time.

### \* Today's Date

### \* Patient Name and Date of Birth

First and Last Name

Date of Birth

## Estimated Type of Services Provided

Estimated Charges for each Service Provided by Paige:

00000 ~ Initial Consultation 20 minutes - \$0.00

90791 ~ Intake Session - Individual/Couples/Family 60 minutes - \$250.00

90832 ~ Individual Psychotherapy, 30 minutes - \$125.00

90834 ~ Individual Psychotherapy, 45 minutes - \$187.50

90837 ~ Individual Psychotherapy, 60 minutes - \$250.00

90839 ~ Psychotherapy Crisis, 60 minutes - \$250.00

90840 ~ Additional Psychotherapy Crisis, 30 minutes - \$125.00

90846 ~ Family Psychotherapy, conjoint psychotherapy w/o patient present 60 minutes - \$250.00

90847 ~ Family Psychotherapy, conjoint psychotherapy w/ patient present 60 minutes - \$250.00

90853 ~ Group Therapy, 80 minutes - \$60.00 (ex: with a group of 4)

Non-Therapeutic/Other Fees:

Charge Backs - \$30.00

Non-sufficient funds (NSF) - \$30.00

Documentation Fee - \$30.00

## Length of Services

Psychotherapy services can range from one day, to one month, to a year or more. The length of time you will need to be in therapy is based on your therapeutic goals, your overall wants and needs, and any psychosocial/financial barriers that may arise. With this being said, communication is key to any healthy relationship. Should a financial hardship occur, you are encouraged to discuss your situation with Couples Counseling of Central Florida to determine the best resolution as it pertains to your continuity of care and the therapeutic relationship. Should more time be required to meet your therapeutic goals, Couples Counseling of Central Florida will discuss with you your options with you at which time a new Good Faith Estimate will be created, your therapeutic services will end, or you are referred to another provider.

Depending on the progress made, you may need between 12 to 30 sessions this year. At \$250 per session, your total estimated costs for the year would be between \$3000 (\$250 x 12 sessions) to \$7500 (\$250 x 30 sessions).

These totals DO NOT account for no show/late cancellation fees, bank charges, crisis sessions, non-therapeutic charges e.g. documentation fees, banking fees, court/litigation fees, anger management, life skill services, or other financial arrangements based on a case-by-case basis. You are encouraged to carefully read the '1.1 Notice of Privacy Practices, 1.2 Informed Consent for Psychotherapy, and 1.3 Practice Policies and Financial/Missed Appointment Policies for Psychotherapy' for complete details regarding fee schedule.

## Provider Information

Location of Patient and Clinician:

Telehealth Video Office

Or

Meeting at location of client's choosing within 20 miles of Orlando, FL

Provider Name: Paige Bond, MA, LMFT  
Provider NPI: 1467025452  
Provider EIN: 86-2396293  
Provider Phone Number: 321-282-3575  
Provider Email: contact@paigebond.com

DISCLAIMER: These estimates may change as the treatment progresses and are not a guarantee of treatment frequency, length or cost. Your signature does not require you to receive psychotherapy services from me.

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

You may contact me and let me know the billed charges are higher than the Good Faith Estimate. You can ask me 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](http://www.cms.gov/nosurprises).

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

**\* By Signing, I acknowledge I have read and understood the contents of this document. I also acknowledge that I don't have insurance/I am opting out of using my insurance. Your signature does not require you to receive services from me.** \_\_\_\_\_

I consent to sharing information provided here.