

Good Faith Estimate (GFE)
“No Surprises Act”

Patient Name(s):

Date of Birth:

Date of GFE:

Diagnosis: _____ Not applicable/Not determined

Under a new federal rule to protect consumers from surprise health care bills, psychotherapists and other health care provider types must, **effective January 1, 2022**, provide a good faith estimate (GFE) of expected charges that may be billed for items and services to individuals who are uninsured (e.g., not enrolled in any health plan or coverage) or who are self-pay (e.g., not seeking to file a claim with their plan or coverage). The GFE must be provided both orally and in writing, upon request or at the time of scheduling health care items and services, and within specific timeframes.

Location and Provider of Services

All services will occur either at the office of Mindy McGuire, PhD, LCSW (FL) (Tax ID 83-2180085; NPI: 01252018482442) located at 104 SW 11th Avenue, Delray Beach, FL 33444 or via a HIPAA compliant telehealth platform (e.g. zoom, BetterHelp). All services will be provided exclusively by Mindy McGuire, PhD, LCSW.

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 your therapist. You are entitled to disagree with any recommendations made to you concerning your treatment and you may discontinue treatment at any time.

Most clients will attend one psychotherapy visit (1 hour) per week, but the frequency of psychotherapy visits that are appropriate in your case may be more or less than once per week, depending upon your needs. Based on this per visit fee cited below, charges would be based on the fees listed times the number of sessions (hours).

Fee Schedule

Services	Time	CPT	Fee
Initial Assessment	1 hour	90791	\$175
Individual Therapy	1 hour	90834	\$175
Couples Therapy	1 hour	90847	\$175
Family Therapy	1 hour	90847	\$175
10 session package (pay ahead)	10 hours total	90834	\$1250

Details of the Estimate

The estimated costs are valid for 12 months from the date of the Good Faith Estimate. This is NOT a contract; it is simply an estimate of your treatment costs for the next year if you were to attend once weekly session, not including holidays, breaks, or early termination. Additional charges may apply for

additional sessions, report/letter writing, and no shows, which are all contracted at the fee schedule provided to you upon admission.

Disclaimer

This Good Faith Estimate shows the costs of services that are reasonably expected for the expected services to address your mental health care needs. The estimate is based on the information known to me when I did the estimate.

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 indicated in this Good Faith Estimate, you have the right to dispute the bill. You may contact Mindy McGuire, as needed, if the billed charges are higher than the Good Faith Estimate. You can ask 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 CMS at 1-800-985-3059.

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.

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 than the estimate provided above.

Other notes:
