

Change Works Family Therapy
1768 Business Center Dr. Ste. 360
Reston, VA 20190

NPI #1174694715

TIN # 20-1753260

Good Faith Estimate for Psychotherapy Services through December 31, 2022

Although it is not possible to know in advance how many sessions may be needed to complete treatment, you are entitled to a Good Faith estimate of what charges you may incur in psychotherapy. The total cost of services will depend on the number of therapy sessions you attend, your particular circumstances for coming into therapy, and the type and frequency of services provided to you.

Client name:

First

Last

Date of Birth (month/day/year): ____/____/____

Mailing Address:

Street Address

City, State, Zip Code

Email address: _____

Phone number: () Cell () Work () Home

Preferred method to be reached: () Email () Phone

Client Diagnosis(es) (if applicable): _____

Services Requested: _____

Date Service Scheduled: _____

Date of Good Faith Estimate*: _____

Provider Name: _____

The fee for a 50-55 minute psychotherapy session is \$____. Most clients attend therapy once a week. Depending on your needs and availability, more or less frequent visits may be more appropriate. Below is a table with an estimate of costs for therapy visits based upon how regularly, and how long you attend.

Number of weeks	Total estimated cost 1 session a week	Total estimated cost 1 session every 2 weeks
2 weeks of service		
12 weeks of service (Approximately 3 months)		
26 weeks of service		
39 weeks of service (Approximately 9 months)		
52 weeks of service (1 yr.)		

The fee for a 90 minute group therapy session is \$____. Most groups last for ____ weeks for an estimated total cost of \$____ if you decide to pursue group therapy in addition to, or in lieu of individual therapy.

Disclaimers:

*Please note that this good faith estimate is based upon current clinical impressions and diagnoses (if applicable) and may change based upon complications or changes in circumstances that may arise throughout the course of treatment.

If you are billed \$400 or more above this good faith estimate, you have the right to dispute the bill. In the event that you are billed more than this estimate, you can contact your provider to ask to negotiate the bill or seek financial assistance. There is also a dispute resolution process provided by the U.S. Department of Health and Human Services (HHS) which costs \$25. If HHS agrees with you, you will only have to pay the amount listed on the GFE. If HHS agrees with your provider, you will have to pay the amount billed.

Throughout treatment, there may be additional services I may recommend that have to be scheduled separately (for example, group therapy). These services are not reflected in this estimate. This is not a contract and does not obligate you to complete any of the services outlined above. Moreover, this estimate only includes the cost of the services outlined above.

For additional information about your right to a Good Faith Estimate or the dispute resolution process, please visit <https://cms.gov/nosurprises/consumers> or call 1-

800-985-3059. In the event you initiate a dispute resolution process, please note this will not negatively affect the quality of services provided to you.

Client signature: _____ Date: _____

Provider signature: _____ Date: _____