

Good Faith Estimate (GFE)

As of January 1, 2022, state-licensed or certified healthcare providers are to provide a "Good Faith Estimate" of healthcare charges to every new and continuing client who is either uninsured or is not planning to submit a claim to their insurance for healthcare services they seek.

You have the right to receive a "Good Faith Estimate" explaining how your medical and mental healthcare will cost.

Under this law, healthcare providers are required to provide clients who do not have insurance or who are unsure of insurance estimates of the expected charges for medical services, including psychotherapy and mental health services. You have the right to request and receive a Good Faith Estimate for the total expected cost of non-emergency healthcare services. You may ask your healthcare provider for a Good Faith Estimate before you schedule a service.

If you end up receiving a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill by first contacting the healthcare provider or the facility to let them know the billed charges are higher than the GFE and request the business to update the bill to match the GFE. If you need more information or you wish to start a dispute process with the U.S. Department of Health and Human Services (HHS) please visit: <https://www.cms.gov/nosurprises>

The following information is intended to help you with your Good Faith Estimate.

Business Name: Fort Worth Women's Counseling

Location: 6300 Ridglea Place, Suite 212, Fort Worth, Texas 76116

Tax ID Number: 87-4077891

NPI: 1952738767

LPC License #: 66742

Expiration of LPC: 11/30/2023

Fort Worth Women's Counseling does not accept insurance for services. We accept cash, credit card or check only. If you would like to seek reimbursement for your sessions, a statement can be provided for you to submit to your insurance company. However, we cannot guarantee reimbursement from your insurance company.

FINANCIAL POLICIES:

The fee for a 50-minute in-person therapy session is \$135.

The fee for a 50-minute virtual therapy session is \$100.

The credit card you have on file will be charged after each session is complete.

Please note that there will be a \$20 fee for any checks returned for any reason.

APPOINTMENT CANCELLATIONS:

Please remember to cancel or reschedule appointments 48 hours in advance.

Cancellations and rescheduled appointments that are done less than 48 hours in advance will be subject to a full charge. This is necessary because an appointment is held exclusively for you and is very difficult to fill with such late notice. Furthermore, if you are late for a session, that time will be deducted from your session time and cannot be extended to respect other client's time.

ESTIMATE OF SERVICES:

When calculating or trying to estimate your expected cost over the course of 1 year you can multiply the cost per session (in this example using in-person sessions at \$135) by the number of weeks you expect to be in therapy. Clients attending weekly therapy for 1 year can expect to attend at most 50 sessions per year which would total \$6,750. Likewise, clients attending bi-weekly therapy can expect to attend at most 25 sessions per year which would total \$3,375. Typically, clients are initially seen weekly or biweekly and may continue monthly as maintenance after they are experiencing some relief. If you choose to attend counseling weekly for 4 months (\$2,160) and then are seen monthly for the remaining 8 months (\$1,080) that would total \$3,240 for the year.

I understand that I have the right to request a detailed individualized cost estimate for the year, in accordance with the new GFE 2022 Law.

I understand that the length, frequency, and number of sessions are dependent upon my condition which is a collaborative decision made by both the therapist and the client.

I understand that the information in this document is not binding, meaning I, the client, have the right to terminate services at any time. Signing this document does not mean that I am committed to the number of sessions listed above.

I understand that the costs above do not include other services I might need to improve my mental health. Other services needed might include, but are not limited to: inpatient treatment services, psychiatry services, cost of medication, testing/diagnostic services.

I understand that my therapist does not diagnose, but some of the diagnoses that my therapist has experience working with include, but are not limited to Depression, Anxiety Disorders, and Post-Traumatic Stress Disorder (PTSD). I understand that depending on my diagnosis I may need more sessions than described above.

I understand that this estimate is good for 1 year from the date I sign this document.