



Good Faith Estimate

In order to comply with the No Surprises Act I am required to provide a Good Faith Estimate for costs when services are not submitted through an in-network insurance provider. While it is not possible for a psychotherapist to know, in advance, how many psychotherapy sessions may be necessary or appropriate for a given person, this form provides an estimate of the cost of services provided over time. Your total cost of services will depend upon the number of psychotherapy sessions you attend, your individual circumstances, and the type and amount of services that are provided to you.

The initial fee for the first session, known as the intake session, is \$150. Subsequent fees for a 53-minute psychotherapy visit (in person or via telehealth) is \$140. Many clients will attend one psychotherapy visit 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 a fee of \$140 per visit, the following are expected charges of psychotherapy services:

\$140/session-weekly for 3 months (13 sessions)=\$1,820

\$140/session-bi-weekly sessions for 3 months (6 sessions)=\$840

\$140/session monthly sessions for 3 months (3 sessions)=\$420

\$140/session-weekly sessions for a year (50 sessions)=\$7,000

\$140/session-bi-weekly sessions for a year (25 sessions)=\$3,500

\$140/session-monthly sessions for a year (12 sessions)=\$1,680

Disclaimer

There may be additional items or services I may recommend as part of your care that must be scheduled or requested separately and are not reflected in this good faith estimate. This estimate is not a contract and does not obligate you to obtain any services from the provider(s) listed, nor does it include any services rendered to you that are not identified here.

You have the right to initiate a dispute resolution process if the actual amount charged to you substantially exceeds the estimated charges stated in your Good Faith Estimate (which means \$400 or more beyond the estimated charges).

For questions or more information about your right to a Good Faith Estimate or the dispute process, visit <https://www.cms.gov/nosurprises/consumers> or call 1- 800-985-3059. The initiation of the



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patient-provider dispute resolution process will not adversely affect the quality of the services furnished to you.