



Reflective Roots Psychotherapy & Healing, LLC

808 Carmichael Rd, PMB #241, Hudson, WI 54016

## Good Faith Estimate for Psychotherapy Services

The following is a detailed list of expected charges. The estimated costs are valid for 12 months from the date of the Good Faith Estimate. A new Good Faith Estimate will be issued if session rates change. You have the right to request a copy of this Good Faith Estimate in paper and/or via email.

**Therapist Name:** Stephanie Larson, MSW, LICSW, LCSW

**Contact person:** Stephanie Larson

**Phone:** 715-201-4563

**Email:** [steph@reflectiveroots-therapy.com](mailto:steph@reflectiveroots-therapy.com)

**Provider Individual National Provider Identifier (NPI):** 1740875608

**Taxpayer Identification Number (TIN):** 99-2143311

Provider/Services Estimate

**90791:** *INITIAL INTAKE/PSYCHIATRIC DIAGNOSTIC EVALUATION, 75+ MIN, \$225.00 (one time service)*

**90834:** *INDIVIDUAL PSYCHOTHERAPY, WITH CLIENT, 45-50 MIN, \$135.00*

**90837:** *INDIVIDUAL PSYCHOTHERAPY, WITH CLIENT, 60-75 MIN, \$200.00*

This estimate is based on the current clinical hourly rate of \$135 per 45–50 minute session which is the usual follow-up treatment session duration. For example, if a client were to attend weekly sessions for 26 weeks or a session every other week for a year (without breaks, holidays, sickness, etc.) one's estimated total for services would be \$135 x 26 sessions = \$3,510. Sessions longer than 60-75 minutes will be discussed in advance with the client and the fee will be prorated based on the current clinical hourly rate of \$135.

With the services included in the estimate, the therapist will assess your unique situation to gain a more accurate understanding of your presenting problems and goals for therapy. Most clients will attend one psychotherapy visit per week on average, but the frequency of psychotherapy visits that are appropriate in your case may be more or less than once per week, depending upon your individual needs and preferences. It is also important, when determining your total estimate, to take into consideration vacations, holidays, emergencies, and sick time.

**Reflective Roots Psychotherapy & Healing, LLC** recognizes every client's therapy journey is unique. How long you need to engage in therapy and how often you attend sessions will be influenced by many factors including:

- Your schedule and life circumstances
- Therapist availability
- Ongoing life challenges
- The nature of your specific challenges and how you address them
- Personal finances and resources

You and your therapist will continually assess the appropriate frequency of therapy and will work together to determine when you have met your goals and are ready for termination. Throughout your treatment, the provider may recommend additional items or services as part of your treatment that are not reflected in this estimate. These would need to be scheduled separately with your consent and the understanding that any

additional service costs are in addition to the Good Faith Estimate (GFE). You may request a new GFE at any time in writing during your treatment.

**Good Faith Estimate Disclaimer:**

This Good Faith Estimate (GFE) shows the costs of items and services that are reasonably expected for your health care needs for an item or service. The estimate is based on information known at the time the estimate was created.

The GFE is not a contract between client and provider and does not obligate or require the client to obtain any of the listed services from the provider; it is only an estimate—actual items/ service charges may differ. The GFE does not include any unknown or unanticipated costs that may arise and are not reasonably expected during treatment due to unforeseen events. You could be charged more if complications or special circumstances occur. **If this happens, and your bill is \$400 or more for any provider or facility than your Good Faith Estimate for that provider or facility, federal law allows you to dispute the bill.** Other potential items and/or services associated with therapy charges may include but is not limited to no show/ late cancellation fee(s), record request(s), letter writing(s), legal fee(s)/ court attendance(s), professional collaboration(s), and in-between session supports. These potential items/ services and associated fee(s) are discussed further within the “Informed Consent and Practice Policies Agreement” document. The GFE does not obligate the client to obtain listed items or services.

You may contact the health care provider or facility listed to let them know the billed charges are higher than the GFE. You can ask them to update the bill to match the GFE, 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.

If you dispute your bill, the provider or facility cannot move the bill for the disputed item or service into collection or threaten to do so, or if the bill has already moved into collection, the provider or facility has to cease collection efforts. The provider or facility must also suspend the accrual of any late fees on unpaid bill amounts until after the dispute resolution process has concluded. The provider or facility cannot take or threaten to take any retributive action against you for disputing your bill.

There is a \$25 fee to use the dispute process. If the Selected Dispute Resolution (SDR) entity reviewing your dispute agrees with you, you will have to pay the price on this GFE, reduced by the \$25 fee. If the SDR entity 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/consumers](http://www.cms.gov/nosurprises/consumers) or call 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/consumers](http://www.cms.gov/nosurprises/consumers), email [FederalPPDRQuestions@cms.hhs.gov](mailto:FederalPPDRQuestions@cms.hhs.gov), or call 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 a higher amount.**