

GentleWave Counseling, Consultation, & Clinical Supervision, LLC

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GOOD FAITH ESTIMATE (GFE) and FEE DISCLOSURE

Client Name:

DOB:

Address:

Phone:

Email:

Date:

GFE Valid for 12 consecutive Calendar months from Date

Private Paying for Therapy Services

Clients may choose to pay out-of-pocket for services for a variety of reasons. This form is notification of a client choosing to pay out-of-pocket for services under one of the following circumstances:

- Client currently does not have an insurance plan and wishes to pay for services out-of-pocket.
- Client currently does have an insurance plan that provider is out-of-network with and wishes to pay for services out-of-pocket.
- Client currently does have an insurance plan that provider is in-network with but wishes for forgo insurance claim submissions and pay for services out-of-pocket.

Good Faith Estimate of Services

In accordance with the "No Surprises Act", Section 2799B-6 of the Public Health Service Act, set to go into effect 01/01/2022, healthcare providers are required to provide a "good faith" estimate of expected charges for services to individuals not enrolled in a plan or coverage or a federal health program, both orally and in writing. This paperwork serves as an in writing "good faith" estimate for services rendered.

Below, you will find a list of most potential services that could prospectively be billed and their full pricing so you will reasonably know the absolute most you could be paying for any given service. Given the nature of therapy services, typically exact estimates are difficult to predict due to not knowing severity of symptoms, recommended frequency of services, length of time of services, and any other variables.

Individual Psychotherapy (50 minutes)	\$135
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Intake and Assessment (60 minutes)	\$165
No Show, Late Cancellations (less than 24 hours' notice)	\$50

Frequency and Duration of Treatment

Depending on your treatment needs, services will be provided for a frequency of one of the following and may fluctuate throughout the duration of treatment:

- a) Weekly
- b) Bi-weekly
- c) Monthly (reserved for clients who have met treatment goals as defined by both client and therapist)
- d) As-needed maintenance (reserved for clients who have met treatment goals as defined by both client and therapist)

Therapy is an extremely personal experience tailored to the needs of the client and the presenting concerns. Due to the nature of this unpredictability and GentleWave's commitment to meeting and catering to the needs of every client individually, determining duration of treatment is ethically impossible. The industry standard of most Health Insurance companies is 12-15 sessions. You and your therapist will continue to review progress and make personalized decisions regarding both the frequency and duration of treatment periodically. You may decide at any time to terminate services. With this being said, communication is key to any healthy relationship. Should a financial hardship occur, you are encouraged to discuss your situation with Dr. Christina to determine the best resolution as it pertains to your continuity of care and the therapeutic relationship. Due to this, all GFE's will be based total estimated psychotherapy cost is based on a 52-week structure at the individual rate of \$135.00 per one session a week and intake fee of \$165.00 equating to \$7050.00. This total DOES NOT account for no show/late cancelation fees, bank charges, crisis sessions, non-therapeutic charges e.g. documentation fees, banking fees, court/litigation fees, anger management, life skill services, or other financial arrangements based on a case-by-case basis.

Common Diagnoses Used **Please note Diagnostic codes provided here are generic and used to satisfy the requirements of the No Surprises Act. Per our verbal discussion, you understand that Diagnoses will only be provided for the purposes of submitting reimbursement claims to your healthcare insurance provider at your request. Any other diagnoses will be discussed between client and therapist for the purpose of treatment planning and referrals to appropriate providers**

F43.21 Adjustment Disorder with Depressed Mood	F34.1 Persistent Depressive Disorder	Z60.9 Unspecified Problem Related to Social Environment
F43.22 Adjustment Disorder with Anxiety	F94.3 Premenstrual Dysphoric Disorder	Z63 Relationship Distress with Spouse or Intimate Partner
F43.23 Adjustment Disorder with Mixed Anxiety & Depressed Mood	F41.1 Generalized Anxiety Disorder	Z91.49 Other Personal History of Psychological Trauma
F99.00 Mental Disorder, NOS	F43.1 Posttraumatic Stress Disorder	Z60 Phase of Life Problem

F31.9 Bipolar I Disorder, unspecified	F43.0 Acute Stress Disorder	Z65.8 Other Problem Related to Psychosocial Circumstances
F31.80 Bipolar II Disorder	F64.0 Gender Dysphoria	Z03.89 No Diagnosis
F34 Cyclothymic Disorder	F33.9 Major Depressive Disorder, unspecified	F52.32, F52.21, F52.31, F52.22, F52.6, F52, F52.4, F52.8, F52.9 Sexual Dysfunctions

Disclaimer

This “good faith” estimate shows that costs of services that are reasonably expected for your healthcare needs. This estimate is based on the information known at the time the estimate was created. The 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. *Maximum does not include late cancelation/no show fees, crisis sessions, non-therapeutic charges e.g. documentation fees, banking fees, court/litigation fees, anger management, life skill services, or other financial arrangements based on a case-by-case basis.* If this happens, federal law allows you to dispute the bill. If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill. Make sure to save a copy or picture of your Good Faith Estimate. For questions or more information about your right to a Good Faith Estimate, visit www.cms.gov/nosurprises. You can contact us and notify that the charges are higher than the “good faith” estimate and ask us to update the bill or the estimate. You can 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 process within 120 calendar days 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 provider, 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 or call 1-877-985-3059.

Live In Peace,

Dr. Christina McGrath Fair, PhD

Licensed Mental Health Counselor & Qualified Supervisor, Florida

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