

Centered Practice
Good Faith Estimate
Individual & Family Therapy

This estimate is for clients who are choosing self-pay or who are uninsured

2022 Clinic Rates for Services*

| Service | Code | Unit Rate |
|---------------------------------|-------|-----------|
| Diagnostic Assessment | 90791 | \$230 |
| Individual Therapy 53 min | 90837 | \$180 |
| Individual Therapy 38-52 min | 90834 | \$140 |
| Individual Therapy 16-37 min | 90832 | \$100 |
| Family Therapy, no client | 90846 | \$180 |
| Family Therapy | 90847 | \$180 |

Client Information

| |
|---|
| Client Name: |
| Client Date of Birth: |
| <p>Services Include:</p> <p>Diagnostic Assessment</p> <p>Individual Therapy and/or</p> <p>Family Therapy</p> |
| <p>Does the identified client have a qualifying mental health diagnosis?</p> <p style="text-align: center;">Yes Not Yet Assessed</p> |
| <p>If client does not meet criteria for mental health services, they will only be charged for the initial assessment</p> |

Good Faith Estimate:**

1 Diagnostic Assessment Unit @ \$ _____

_____ Therapy Session Units @ \$ _____

Total Estimated Cost: \$ _____

*Please know that if you are experiencing hardship and do not have the financial means, you may reach out to your therapist who can discuss their own discounted rates for individuals who are uninsured.

**Client and therapist will discuss and agree on length of care (number of sessions) after the initial assessment and ongoing, based on client symptom reduction and client agreement. A new estimate will be provided as needed.

Provider Name:

Client Name:

Signature:

Signature:

Date:

Date: