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Good Faith Estimate for Psychological Services

Date of Good Faith Estimate: 01/01/2023. This estimate is for psychotherapy services through 12/31/2023

The estimate below is the range of costs that is likely for most new clients who are choosing to receive services and are uninsured or have chosen self-pay. Until an initial evaluation is completed, MMHS will not have a clear picture of your specific diagnosis, issues, and/or needs. Most people are seen about 10 sessions and experience at least moderate benefit from treatment. However, the vast majority of people who attend 20 sessions report treatment is beneficial and helps them achieve their goals. A person attending 10 sessions would have a total cost ranging from $750 (for 30-minute sessions including the diagnostic session, which is not necessarily recommended) to $1950. Clients who attend 20 sessions would be most likely to derive benefits and would pay between $1,300 and $3,700. To calculate what one year of consistent therapy would look like, it would mean 30 to 40 sessions throughout the year for a total cost of $5250 to $7000 throughout the year. But in some/many cases a client’s issues may be more complicated, so we may need additional sessions during the time covered by this estimate.

The estimate below is the range of costs we think are likely for your care over the time covered by this estimate. However, depending on how treatment progresses, more or fewer sessions may be needed.

Contact: If you have questions about this estimate, please contact Manhattan Mental Health Services at 785-537-6051 or by email at [manhattanmhs@att.net](mailto:manhattanmhs@att.net).

**Details of the Estimate**

The following is a detailed list of expected charges for psychological services scheduled for 2023. [*Include the following for reoccurring services like psychotherapy.*] The estimated costs are valid for 12 months from the date of this Good Faith Estimate, unless we send you an updated Estimate.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Service** | **Diagnosis Code** (once determined) | **Service code** | **Quantity**  (# of sessions or  units. Give number or range) | **Cost per unit** | **Expected cost** |
| Initial evaluation | [TBD] | 90791 | 1 | $200 | $200 |
| Psychotherapy w/o insurance | F33.1 | 90837 | 30 | $175 | $5250 |
| Psychotherapy w/o insurance | F33.1 | 90834 | 30 | $160 | $4800 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Total estimated cost: $\_\_\_\_$5425\_\_\_\_\_\_\_\_\_\_\_\_

NPI number: \_1043645781\_\_\_\_\_\_\_\_\_\_ TIN: \_46-3239803\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Client information:**

Client name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Disclaimer**

This Good Faith Estimate shows the costs of services that are reasonably expected for the expected services to address your mental health care needs. The estimate is based on the information known to us when we did the estimate.

The Good Faith 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. If this happens, federal law allows you to dispute (appeal) the bill.

**If you are billed for $400 more (per provider) than this Good Faith Estimate (GFE), you have the right to dispute the bill.**

You may contact MMHS at the contact listed above to let them know the billed charges are at least $400 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.

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 GFE. If the agency 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 or call CMS at 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 or call CMS at 1-800-985-3059 .

This GFE is not a contract. It does not obligate you to accept the services listed above.

**Keep a copy of this Good Faith Estimate (GFE) in a safe place or take pictures of it. You may need it if you are billed more than $400 than the estimate provided above.**