**January 1, 2023**

**Patient’s Good Faith Estimate of Expected Charges for Co-Parenting, Reunification & Court Ordered Therapy [Excluding 3111 or 730 Child Custody Evaluations & Special Master/Parenting Plan Coordinator]**

**Mitchell H. Rosen, Licensed Marriage & Family Therapist Professional Corporation Lic#: MFC 9502**

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**Location of Offices: (X ) Telemedicine**

**( ) 43537 Ridge Park Dr., Temecula, CA. 92590**

Beginning 1/1/2022, a new law went into effect, the No Surprises Act (H.R. 133). You are entitled to receive this “Good Faith Estimate” of what the charges could be for individual psychotherapy/family counseling/educational services provided to you. While it is not possible for a psychotherapist to know, in advance, how many sessions may be necessary or appropriate for a given person, this form provides an estimate of the cost of services provided. 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. **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. If there is a court order, stipulation or recommendation for number of sessions that would be a good estimate of number of sessions. If certification or completion is required there is no additional fee. If a report is asked for, you are charged for the time required to review the chart and write the report. A report is typically about $400.00. You are also charged for any consultations with attorneys, review of documents and communications with Mitchell Rosen-prices are listed below for these services. Additionally, cancellations or no shows with less than 24 hours’ notice may be charged. If the service is reunification, the parent with whom the child resides may be charged if the minor child cancels or no shows with less than 24 hours notice; even if the court order states all fees are to be paid by the other parent.

This Good Faith Estimate is not intended to serve as a recommendation for treatment or a prediction that you may need to attend a specified number of psychotherapy visits. The number of visits that are appropriate in your case, and the estimated cost for those services, depends on your needs and what you agree to in consultation with your therapist. You are entitled to disagree with any recommendations made to you concerning your treatment and you may discontinue treatment at any time. **The fee for a 50-minute psychotherapy visit (in-person or via telehealth) is $175.00.** Most 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 upon a fee of $ 175.00 per visit, if you attend one psychotherapy visit per week, your estimated charge would be $ 700.00 for four visits provided over the course of one month; $ 1,400.00 for eight visits over two months; or $ 2,100.00 for 12 visits over three months. If you attend therapy for a longer period, your total estimated charges will increase according to the number of visits and length of treatment.

You have a 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). You are encouraged to speak with your provider at any time about any questions you may have regarding your treatment plan, or the information provided to you in this Good Faith Estimate.

**Partial Description of Services:**

( ) 90847 Co-Parenting 50 minutes [$175.00 per 50 minute session or $87.50 each parent if split]

( ) 90847 Reunification Therapy 50 minutes [$175.00 per 50 minute session or $87.50 each parent if split]

( ) 90885 Review of Records [$3.50 per minute]: \_\_\_\_\_\_\_\_\_\_\_\_

( ) 90839 Emergency Basis 50 minutes [$200.00 per 50 minute session]

( ) 99080 Legal Report [$3.50 per minute]: \_\_\_\_\_\_\_\_\_\_\_

( ) 98967 Telephone Consultation (Brief) [$3.50 per minute]: \_\_\_\_\_\_\_\_\_\_\_

( ) 98968 Telephone Consultation (Extended) [$3.50 per minute]: \_\_\_\_\_\_\_\_\_\_\_

( ) 90837 Individual Psychotherapy 50 minutes [$175.00 per 50 minute session]

( ) 90847 Family Psychotherapy 50 minutes [$175.00 per 50 minute session]

( ) 90846 Family Therapy Without Patient 50 minutes [$175.00 per 50 minute session]

( ) 90882 Consultation with Professional 50 minutes [$175.00 per 50 minute session]

( ) 96101 Psychological Testing & Interpretation [$3.50 per minute]: \_\_\_\_\_\_\_\_\_\_\_

( ) Cancellation or No Show With Less Than 24 hours Notice – May be charged [$45.00-$175.00]

**Other Services:**

( ) Expert Testimony in Court or Deposition (this may be requested several months or longer after treatment ends- fees are listed in the FEES section of website: mrosenmft.com)

( ) Child Custody Evaluation (- fees are listed in the FEES section of website: mrosenmft.com)

( ) Partial/Limited Focus Child Custody Evaluation (- fees are listed in the FEES section of website: mrosenmft.com)

( ) 733 Expert Review of Child Custody Evaluation (- fees are listed in the FEES section of website: mrosenmft.com)

( ) Special Master/Parenting Plan Coordinator (- fees are listed in the FEES section of website: mrosenmft.com)

**Diagnoses:**

( ) Unknown at This Time

( ) Z63.5 Disruption of Family by Separation or Divorce

( ) Z62.820 Parent-Child Relational Problem

( ) Z62.898 Child Affected by Parental Relationship Distress

( ) Z63.0 Relationship Distress with Spouse or Intimate Partner

( ) Z63.8 High Expressed Emotion Within Family

( ) F43.23 Adjustment Disorder with Anxiety & Depressed Mood

( ) F43.21 Adjustment Disorder with Depressed Mood

( ) F43.22 Adjustment Disorder with Anxiety

( ) F43.10 Post Traumatic Stress Disorder

( ) Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**My signature indicates I have read the Good Faith estimate and understand the terms.**

**Printed Name**

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