**Patient’s Good Faith Estimate of Expected Charges-Out Patient**

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**Location of Offices: ( X) Telemedicine [various locations] –**

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

Date of this Estimate :

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 psychotherapy services provided to you. While it is not possible for a psychotherapist to know, in advance, how many psychotherapy 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.

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; $ 1400.00 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:**

( ) 90837 Individual Psychotherapy 50 minutes [$160.00 per 50 minute session]

( ) 90847 Family Psychotherapy 50 minutes [$160.00 per 50 minute session]

( ) 90846 Family Therapy Without Patient 50 minutes [$160.00 per 50 minute session]

( ) 90882 Consultation with Professional 50 minutes [$160.00 per 50 minute session]

( ) 90885 Review of Records [$3.20 per minute]: \_\_\_\_\_\_\_\_\_\_\_\_

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

( ) 99080 Legal Report [$3.20 per minute]: \_\_\_\_\_\_\_\_\_\_\_

( ) 98967 Telephone Consultation (Brief) [$3.20 per minute]: \_\_\_\_\_\_\_\_\_\_\_

( ) 98968 Telephone Consultation (Extended) [$3.20 per minute]: \_\_\_\_\_\_\_\_\_\_\_

( ) 96101 Psychological Testing & Interpretation [$3.20 per minute]: \_\_\_\_\_\_\_\_\_\_\_

**Partial List of Diagnoses:**

( ) Unknown at This Time

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

( ) F43.21 Adjustment Disorder with Depressed Mood

( ) F43.22 Adjustment Disorder with Anxiety

( ) F90.2 Attention Deficit /Hyperactivity Disorder [combined presentation] ( ) F90.1 [predominantly hyperactive/impulsive presentation] ( ) F90.0 [predominantly inattentive presentation

( ) F10.10 Alcohol Use Disorder -Mild ( ) F10.20 Alcohol Use Disorder -Moderate ( ) F10.20-Severe

( ) F15.10 Amphetamine Use Disorder -Mild ( ) F15.20 Amphetamine Use Disorder -Moderate ( ) F10.20-Severe

( ) F84.0 Autism Spectrum Disorder Without Intellectual Impairment ( ) F84.0 With Intellectual Impairment

( ) F45.22 Body Dysmorphic Disorder

( ) F91.2 Conduct Disorder [adolescent onset] ( ) F91.1 [childhood onset]

( ) F11.10 Opioid Use Disorder -Mild ( ) F11.20 Amphetamine Use Disorder -Moderate ( ) F11.20-Severe

( ) F91.3 Oppositional Defiant Disorder

( ) F41.0 Panic Disorder ( ) F41.1 Generalized Anxiety Disorder ( ) F40.00 Agoraphobia

( ) F43.10 Post Traumatic Stress Disorder

( ) F 94.1 Reactive Attachment Disorder

( ) F95.2 Tourette’s Disorder

( ) F63.2 Trichotillomania

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

( ) Z62.820 Parent-Child Relational Problem

( ) Z62.898 Child Affected by Parental Relationship Distress

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

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

Printed Name

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