



Good Faith Estimate (GFE)

BRIEF EXPLANATION FOR NEW PATIENTS

The estimate below is the range of costs that is likely for most new patients. Until your therapist does an initial evaluation and you start working together, we will not have a clear picture of your specific diagnosis, issues and needs. We typically see individual therapy patients for 52 sessions for a total cost of \$7540. This is an estimate based on weekly sessions for a year. For couples and romantic units this cost is calculated based on 6 months of bi-weekly engagement for a total of \$2175. In many cases as we move through the process, we discover things are more complicated than upon initial evaluation so we may need additional sessions due the time covered by this estimate.

Contact: If you have any questions about this estimate, please contact Hannah Croft at (470) 978-9040

DETAILS OF THE ESTIMATE

The following is a detailed list of expected charged for psychological services for an individual in a calendar year and a couple or romantic unit for six months. The Estimated cost is valid through the end of 2027 unless we send an updated estimate or make changes on our website.

Service	Service Code	Quantity	Cost Per Unit	Expected Cost
Individual Initial Evaluation	90791	1	\$145	\$145
Psychotherapy	90837	51	\$145	\$7395
Couple/Romantic Unit Initial Evaluation		1	\$250	\$250
Couple/Romantic Unit Psychotherapy		11	\$175	\$1925

Total individual therapy estimated cost: \$7540

Total couple/romantic unit estimated cost: \$2175

Therapist's providing services are Hannah Croft, LCSW (NPI: 1851042972) and Laura Sumner, LCSW (NPI: 18310041656)

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 current rates and average client needs & participation.

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 us at the information listed above to let us know the billed charges are at least \$400 higher than the GFE. You can ask us 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 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

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 a picture of it. You may need it if you are billed more than \$400 than the estimate provided.