

Swati Bakre

**Emerging Pathways Counseling**

180 West Park Avenue, #115

Elmhurst, IL 60126

**GOOD FAITH ESTIMATE FOR COST OF SERVICES**

Date of Good Faith Estimate:	
Client Name:	
Client Date of Birth:	
Client Address:	
Client Telephone:	
Client Email:	
If scheduled, list the date(s) the primary service or item will be provided.	
Estimated frequency of services:	
Services scheduled (including any additional services reasonably expected)	
Diagnosis code(s) or provisional diagnosis code for new clients (accuracy must be confirmed at assessment)	
Practice	Emerging Pathways Counseling
Practice NPI	
Practice TIN	
Provider	
Provider NPI	
Location of services	May vary: 10 telehealth (patient's home), 02 telehealth (other than patient's home), 11 office

**Please Note:**

1. The total for treatment services will be the number of sessions multiplied by the ongoing session fee.
2. The number of total sessions in the treatment is unknown at the outset and is based on the patient's needs, preferences, and the progress made in treatment.
3. Although insurance companies may authorize services, they often do not guarantee payment and you will be ultimately responsible for the cost of services provided as outlined in the Good Faith Estimate, regardless of the reason they are not covered. It is important that you confirm exactly what mental health services your insurance policy covers.
4. If you are not using insurance, and/or will not receive insurance reimbursement the Good Faith Estimate is an estimate of the most you will be obliged to pay.
5. This is not a contract and you are not required to receive these service

**GOOD FAITH ESTIMATE TABLE OF SERVICES AND FEES:**

The amount you will be obliged to pay may be less if you have insurance or other 3rd party payers

Service Code (CPT Code)	Description	Fee per Session/Service		
		1 Session/week	4 Sessions/one month	50 Sessions/Year (assuming time off for cancellations)
90791	Initial Diagnostics Evaluation	\$ 130	\$520	\$6500
90834, 90834-95*	Individual Therapy, 38-52 minutes	\$ 130	\$520	\$6500
90847, 90847-95*	Family Psychotherapy with Identified Patient present, 50 minutes	\$130	\$520	\$6500
90846, 90846-95*	Family Psychotherapy without Identified Patient present, 50 minutes	\$130	\$520	\$6500
90837, 90837-95*	Psychotherapy ≥ 53 minutes	\$130	\$520	\$6500
98966-98968	Telephone Assessment & Management	\$25+ (Prorated hourly rate in 10-minute increments for time greater than 10 minutes)		
98970-98972	Online Digital Evaluation & Mgt (Responding to Email & Text Messages)	\$25+ (Prorated hourly rate in 10-minute increments for time greater than 10 minutes)		
Cancellation Fee	Charged for short-notice cancellations (<24 hours and no shows)	Same as counseling fee mentioned above		
Other Therapist Time	Reports, Correspondence, staffing	\$25+ (Prorated hourly rate in 10-minute increments for time greater than 10 minutes)		
Charges Related to Litigation	Includes preparation, court time, travel, etc.	**TBD See Office Policies Copied Below *		
*	The -95 specifier indicates telehealth services, which are billed at the same rate as in person services.			
**	There are certain services that the Practice provides that are not covered by insurance companies, including, but not limited to, telephone conversations/sessions, site visits, report writing and reading, drafting of summaries, consultations with other professionals, expenses related to any legal process (including attorney’s fees) in our efforts to comply with state and federal confidentiality requirements as well as the therapist’s time (portal to portal) or if a therapist is obligated to attend depositions or trial. If any of these uncovered services or expenses are provided or incurred, you will be charged at the private pay/non-insured patients hourly rate unless other arrangements have been made and agreed to and you agree that you will be obligated and will pay any such charges. You will be provided with an updated estimate should these circumstances arise.			
Total Cost	This Good Faith Estimate explains your therapist’s rate for each service provided. Your therapist’s 2023 rate is \$130/session; however, your fee is adjusted to _____ per prior agreement. Your therapist will collaborate with you throughout your treatment to determine how many sessions and/or services you may need. It is your prerogative to stop therapy at any time.			