

GOOD FAITH ESTIMATE

Pursuant to the No Surprises Act (HR133, Title 45 Section 149.610), this form provides a “Good Faith Estimate” (GFE) of expected charges for services to be provided.

You are entitled to receive this “Good Faith Estimate” of what expected charges may be for psychotherapy 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 potential cost you may incur.

Important Disclosures:

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 listed, nor does it include any services that may be recommended during treatment 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.

Every client’s therapy journey is unique. How long you need to engage in therapy and how often you attend sessions will be influenced by many factors including:

- Your schedule and life circumstances
- Therapist availability
- The nature of your specific challenges and how you address them
- Your personal financial situation and resources

You and your therapist will continually assess the appropriate frequency of therapy and will work together to determine your needs. You are entitled to disagree with any recommendations made to you concerning your treatment and you may discontinue treatment at any time. You may also request a new GFE at any time in writing during your treatment.

Your Good Faith Estimate:

The fee for a 50-55 minute psychotherapy visit is \$145.00 Most clients attend one therapy session per week, but the frequency of sessions that are appropriate in your case may be more or less than once per week, depending upon your needs. Based on the per visit fee cited above, the following are expected charges of psychotherapy services:

~ Heather M. McKenzie, MS, LCMHCS, BC-TMH ~
Online Counseling and Clinical Supervision

Number of Weeks	Total estimated charges for 1 session per week
1 Week of Service	\$ 145
13 Weeks of Service (Approx. 3 Months)	\$ 1885
26 Weeks of Service (Approx. 6 months)	\$ 3770
39 Weeks of Service (Approx. 9 months)	\$ 5655
52 Weeks of Service (Approx. 12 Months)	\$ 7540

Please complete this section.

Client Name:	Client Date of Birth:
Client Address:	
Client Phone #: ()	Client Email:
Diagnosis Codes** Z73.3 - Stress not elsewhere specified F99 - Mental Health Disorder, Not Otherwise Specified	
Services Requested: Psychotherapy 53+ minutes, CPT code 90837	

***This diagnosis is only to satisfy the federal requirement for this form. This is not a formal clinical or individualized diagnosis. A formal diagnosis occurs after a clinical assessment has been completed and may take 1-5 sessions after beginning psychotherapy. If you choose to decline a formal diagnosis, this GFE will not be updated. It is within your rights to decline a diagnosis per state and federal guidelines.*

Provider Name: Heather McKenzie	License #: S7963
Provider Address: 3434 Kildaire Farm Rd Ste 135-535 Cary NC 27518	
Provider Phone #: (919) 744-8335	
Provider NPI # 1972820256	Provider Tax ID: xx-xxx-5290

The Dispute Process

You have a right to dispute a bill 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).

Initiating the dispute process will not adversely affect the quality of services rendered to you. You may contact the provider listed above to let them know the billed charges are higher than the Good Faith Estimate. You can ask them to update the bill to match the Good Faith Estimate, 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 Good Faith Estimate. If the agency disagrees with you, 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 HHS at (800) 368-1019.

It is your responsibility to print, complete, and keep a copy of this Good Faith Estimate in a safe place. You may need it if you are billed a higher amount.

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.

This estimate becomes officially valid on the date you make an initial appointment for services with the provider listed. The estimate is valid for one year from that date.



Heather McKenzie, MS, LCMHCS, BC-TMH
Therapist and Clinical Supervisor