

Date of Good Faith Estimate: \_\_\_\_\_

This estimate is good for psychotherapy services until: \_\_\_\_\_

The estimate below is the range of costs that is likely for most new clients. Until I do an initial evaluation and we start to work together, I will not have a clear picture of your specific diagnosis, issues and needs. I typically see therapy clients for 30-50 sessions. In addition, an estimated two hours of paperwork and/or consultation may be provided for continuation of care for a total cost of \$5,025 - \$8,025. In some cases, a client's issues may be more complicated, so we may need additional sessions during the time covered by this estimate.

Contact: If you have question about this estimate please contact Tony Jennings who can answer questions about the Good Faith Estimate at (317) 973-8888 and/or at [tjennings@nextstepppsychologyllc.com](mailto:tjennings@nextstepppsychologyllc.com)

Details of the Estimate: The following is a detailed list of expected charges for psychological services. The estimated costs are valid for 12 months from the date of this Good Faith Estimate, unless you are sent an updated estimate.

Service	Diagnosis Code	Service Code	Quantity	Cost Per Unit	Expected Cost
Initial Evaluation		90791	1	\$225	\$225
Psychotherapy		90834, 90837, 90846, and/or 90847	30-50	\$150	\$4,500-\$7,500
Paperwork and/or Consultation		N/A	2	\$150	\$300

Total Estimated Cost: \$5,025 - \$8,025

Master's Level Clinician providing services:

Katherine Meyer NPI 1457975914	Abigail Schmutte-Leal NPI 1679039150
Andrew Voss NPI 1043882277	

Disclaimer:

This Good Faith Estimate shows the costs of services that are reasonably anticipated for the expected services to address your mental health care needs. The estimate is based on the information known to me when I did the estimate.

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 arise. If this happens, federal law allows you to dispute (appeal) the bill.

If you are billed for more than this Good Faith Estimate, you have the right to dispute the bill. The initiation of a client-provider dispute resolution will not adversely affect the quality of health care services furnished to you.

You may contact the psychologist at the contact 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 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 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](http://www.cms.gov/nosurprises) or call CMS at 1-800-985-3059.

For questions or more information about your right to a Good Faith Estimate or the dispute process, visit

[www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) or call CMS at 1-800-985-3059.

This Good Faith Estimate is not a contract. It does not obligate you to accept the services listed above.

Keep a copy of this Good Faith Estimate in a safe place or take a photo of it. You may need it if you are billed more than \$400 than the estimate provided above.

\_\_\_\_\_  
Please Print Client's Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Client Signature or Legal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date