

GOOD FAITH ESTIMATE

Provider Name: Open-Minded Therapy, LCSW, PLLC	License/#: 087672
Provider Address: 70 East Sunrise Highway Suite #500 Valley Stream, NY 11581	
Provider Phone #: (516) 884-9977	
Provider Tax ID#: 87-1216448	Group NPI #: 1730850728

Patient Name:	
Patient Address:	
Patient Phone #: ()	Patient Email:
Patient Diagnosis (if known/applicable): F43.23 Adjustment Disorder, Mixed Anxiety and Depression	
Services Requested: CPT Codes 90791, 90832, 90834, 90837, 90839	

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.

Open-Minded  Therapy, LCSW, PLLC

70 East Sunrise Highway Suite #500 Valley Stream, NY 11581

Phone: 516-884-9977 | Fax: 516-862-2702

Email: info@open-mindedtherapy.com

Website: www.open-mindedtherapy.com

Client's Name: _____

DOB: _____

The fee for a 60-minute psychotherapy visit (in-person or via telehealth) is \$185. 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 on a fee of \$185 per visit, the following are expected charges of psychotherapy services:

Number of Weeks	Total estimated charges for 1 session per week	Total estimated charges for 2 sessions per week
1 Week of Service	\$185	\$370
13 Weeks of Service (Approx. 3 Months)	\$2,405	\$4,810
26 Weeks of Service (Approx. 6 months)	\$4,810	\$9,620
39 Weeks of Service (Approx. 9 months)	\$7,215	\$14,430
52 Weeks of Service (Approx. 12 Months)	\$9,620	\$19,240

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.

Effective Date of Estimate: **January 24, 2022**

Client's Signature: _____

Date: _____