**Jean K Shirkoff LCSW LLC**

**1942 NW Kearney Street , Suite 12, Portland, OR 97209**

**503‑887-3313 www.jeanshirkoff.com**

**NPI** 169 983 0125 **TIN**: 47-4610592

**GOOD FAITH ESTIMATE**

Date of this Estimate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Client Name: | | Client Date of Birth: |
| Client Address: | | |
| Client Phone #: ( ) | Client Email: | |
| Diagnostic Codes (if known): | | |
| Services Requested (Type and Codes): 90791 Intake Assessment, 90834 Individual Psychotherapy, 45-50 minutes, 90847 Conjoint Psychotherapy, 45-60 minutes, 90837 Outpatient Psychotherapy 53 + minutes. | | |

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 that may be recommended during treatment to you that are not identified here. If you have health insurance, and the services you are seeking are covered by your health care plan, you may be able to get the items or services described in this notice from providers who are in-network with your health plan.

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.

The fee for an intake interview is $150.00. The fee for a 45-60 minute individual, couple or family session is $150.00. Most clients will attend either one psychotherapy visit per week or one visit every two weeks, but the frequency of psychotherapy visits that are appropriate in your case may be more or less, depending upon your needs. Based on this per session fee cited above, the following are expected charges of psychotherapy services:

|  |  |
| --- | --- |
| Number of Sessions per year | Total estimated fees |
| Intake session only | $150.00 |
| Intake + 6 sessions | $150.00 +$900= $10500 |
| Intake + 12 sessions | $150.00 + $1800 = $1950 |
| Intake + 24 sessions | $150.00 + $3600= $3750 |
| Intake + 36 sessions | $150.00 + $5400 = $5550 |
| Intake + 48 sessions | $150.00 + $ 7200= $7350 |

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 health care provider or facility listed 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. Keep a copy of this Good Faith Estimate in a safe place or take pictures of it. 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, call HHS at (800) 368-1019 or go to www.cms.gov/nosurprises.

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.

*6/30/22*