

# Good Faith Estimate:

## “No Surprises” Act

Effective January 1, 2022, U.S. Federal laws regulating client care have been updated to include the “No Surprises” act, which requires a wide variety of providers to give current and potential future clients a “Good Faith Estimate” (GFE) on the cost of treatment. Below you will find a summary of this requirement.

### Good Faith Estimate Details

Below reflects current session fees, projected over variable levels of use for any 12-month period (approximately 48 weeks/calendar year). The assessment phase of therapy typically takes place over the course of the initial 3-5 sessions. Following the assessment phase, the client(s) and clinician will collaboratively discuss and come to an agreement on the anticipated course of therapy. Below are potential Good Faith Estimates based on types of therapy as well as varying frequencies or durations of therapy.

#### Individual Client: Good Faith Estimate

Intake (first, 50 min) session: \$200

Assessment sessions (first 3-5, 50-min sessions): \$600-\$1,000

Follow up (50 min) sessions: \$200 each

Client sees clinician weekly for 48 weeks in calendar year \$9,600

Client sees clinician every other week for 48 weeks \$4,800

Client sees clinician every 4 weeks for 48 weeks \$2,400

#### Couples therapy clients: Good Faith Estimate

Intake (first, 50 min) session: \$200

Assessment sessions (first 3-5, 50-min sessions): \$600-\$1,000

Follow up (50 min) sessions: \$200 each

Client sees clinician weekly for 48 weeks in calendar year \$9,600

Client sees clinician every other week for 48 weeks \$4,800

Client sees clinician every 4 weeks for 48 weeks \$2,400

The frequency with which clients are seen, and the duration of time in which they are seen, is dependent on client need. The client(s) and clinician will collaboratively discuss and agree to an estimated duration and frequency of therapy sessions following the assessment phase (the first 3-5 sessions). Anticipated duration and frequency of therapy sessions can be collaboratively discussed and reassessed at any time throughout the course of therapy. The above examples are for illustrative purposes only and are not specific to you or your treatment. Instead, they are meant to show the variation of cost over the course of a year.

I Agree to the Good Faith Estimate details listed above. I understand that anticipated duration and frequency of therapy sessions are determined collaboratively with my clinician and can be reassessed at any time.

Your

Name(s): \_\_\_\_\_

Your Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_