

TRUTH FAMILY AND CHILD COUNSELING SERVICES INC.

## GOOD FAITH ESTIMATE (GFE)

pursuant to the No Surprises Act.

Truth Family & Child Counseling Services, Inc. Laura Mondragon, LMFT	License: 82979
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Client's Name:
Client's Address:
Client Phone:
Client Email:
Services Requested: Individual Therapy

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 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.

The fee for a 50-minute psychotherapy visit (via telehealth) is \$135 for Individual clients (NOT for Couples or Families). 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

depending upon your needs. Based on a fee of \$135 per visit, the following are expected charges of psychotherapy Individual services.

NUMBER OF WEEKS	Total estimated charge for 1 session per week.	Total estimated charges for 2 sessions per week.
1 Week of Service	\$ 135	\$ 270
13 Weeks of Service	\$ 1,755	\$ 3,510
26 Weeks of Service (Approx. 6 months)	\$ 3,510	\$ 7,020
39 Weeks of Service (Approx. 9 months)	\$ 5,265	\$ 10,530
52 Weeks of Service (Approx. 12 months)	\$ 7,020	\$ 14,040

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 for Individual therapy (which means \$675 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.

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