

Good Faith Estimate for Health Care Services

Under the No Surprises Act

Hope & Healing with Cara

Cara de Boer, LPCC, LMHC

Your Right to a Good Faith Estimate

You have the right to receive a “Good Faith Estimate” explaining the expected cost of your mental health care services.

Under the law, health care providers are required to give clients who are not using insurance or who are choosing to self-pay an estimate of the expected charges for medical and mental health services.

- You have the right to receive a Good Faith Estimate in writing before receiving services.
- You may ask your provider for a Good Faith Estimate before scheduling services.
- If you receive a bill that is at least \$400 more than your Good Faith Estimate, you may dispute the bill.
- Be sure to save a copy of this form for your records.

For questions or more information about your rights under the No Surprises Act, visit:

<https://www.cms.gov/nosurprises>

Provider Information

Provider Name: Cara de Boer, LPCC, LMHC

Practice Name: Hope & Healing with Cara

Provider Type: Licensed Mental Health Therapist, Licensed Mental Health Counselor

NPI: 1174001218

Expected Services & Estimated Costs

Service Description	CPT Code (Optional)	Estimated Fee
Initial Intake / Diagnostic Evaluation (53–60+ minutes)	90791	\$200
Individual Psychotherapy Session	90837 / 90834	\$175
Late Cancellation Fee*	N/A	\$75

Service Description	CPT Code (Optional)	Estimated Fee
No Show Fee*	N/A	\$100

*Late cancellation and no show fees may apply according to the practice cancellation policy.

Estimated Treatment Frequency

Therapy frequency varies based on individual needs and treatment goals. Common treatment schedules may include:

- Weekly sessions
- Biweekly sessions
- Monthly sessions

The total cost of treatment will depend on the number of sessions attended and the length of treatment.

Example Cost Estimates

Example Treatment Plan	Estimated Total
Intake + 4 Therapy Sessions	\$900
Intake + 8 Therapy Sessions	\$1,600
Intake + 12 Therapy Sessions	\$2,300

These examples are estimates only and are not a guarantee of the final cost of services.

Additional Information

This Good Faith Estimate is based on the information known at the time it was created. Actual services, frequency of treatment, and costs may vary depending on your individual clinical needs.

This estimate does not include any unknown or unexpected costs that may arise during treatment.

You are not required to obtain services from Hope & Healing with Cara.

Questions or Disputes

If you are billed for an amount that is at least \$400 more than this Good Faith Estimate, you have the right to dispute the bill.

You may contact:

U.S. Department of Health and Human Services (HHS)

<https://www.cms.gov/nosurprises>

Phone: 1-800-985-3059

Acknowledgment of Receipt

I acknowledge that I have received a copy of this Good Faith Estimate.

Client Name: _____

Client Signature: _____

Date: _____