



STATERA

Integrated Health & Wellness Solutions

3375 Lake Ridge Dr. Dubuque, IA 52003
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Good Faith Estimate for Cost of Services/Care

Brief explanation of good faith estimates for patients: The estimate below is the estimated intake costs and range of costs/visit for ongoing sessions that are likely for most patients. Until we do an initial evaluation and we start to work together, we will not have a clear picture of your specific diagnosis, issues and needs. We typically see therapy patients for 2-20 sessions for a total cost of \$ 300-2500 . However, depending on how treatment progresses, more or fewer sessions may be needed. And, in some cases a patient’s issues may be more complicated, so we may need additional sessions during and beyond the time covered by this estimate.

Contact: If you have questions about this estimate, please contact our front desk manager, at 563-207-8932.

Details of the Estimate:The following is a detailed list of expected charges for psychological services. The estimated costs are valid for 12 months from the date of this Good Faith Estimate, unless [I/we] send you an updated Estimate.

Service	Diagnosis Code (once determined)	Service code	Quantity (# of sessions)	Cost per Session	Expected cost
Initial evaluation	To be determined	90791	1	\$ 150	\$ 150
Psychotherapy (1 hour)	To be determined	90837	2-20	\$ 130	\$ 125-2500

Therapist providing services:

Name: Karin Anderson, LMHC NPI number: 1851796296 TIN: 81399630
Alexia Thompson, LMHC NPI number: 1245423581 TIN: 81399630
Bailey Callahan, LMHC NPI number: 0000000000 TIN: 81399630

Acknowledgement:

I acknowledge that I have been provided this good faith estimate at the beginning of my therapy and that I am aware that I may request a new/updated estimate at anytime.

Patient: _____ Date of Birth: _____

Signature: _____ Date: _____

(Patient or Guardian)

Disclaimer

This Good Faith Estimate shows the costs of services that are reasonably expected for the expected services to address your mental health care needs. The estimate is based on the information known to [us/me] when [we/I] did the estimate.

If your bill is more than \$400 over the GFE, 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.

The Good Faith Estimate *does not* include any unknown or unexpected costs that may arise during treatment. You could be charged more if complications or special circumstances occur. If this happens, and the cost is more than \$400 over the GFE, federal law allows you to dispute (appeal) the bill.

If you are billed for \$400 more (per provider) than this Good Faith Estimate (GFE), you have the right to dispute the bill.

You may 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 GFE. If the agency disagrees with you and agrees with the health care provider or facility, you will have to pay the higher amount.

To learn more and get a form to start the process, go to:

www.cms.gov/nosurprises or call CMS at 1-800-985-3059.

For questions or more information about your right to a Good Faith Estimate or the dispute process, visit www.cms.gov/nosurprises or call CMS at 1-800-985-3059 .

This GFE is not a contract. It does not obligate you to accept the services listed above.

Keep a copy of this Good Faith Estimate (GFE) in a safe place or take pictures of it. You may need it if you are billed more than \$400 over the estimate provided above.