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Good Faith Estimate As Required by the No Surprises Act

Client Name _____ Date of Birth _____

Under the federal "No Surprises Act", I am required to give you a Good Faith Estimate of charges that you can anticipate for my services. This notice is in addition to information regarding my fees located on my website and in my Practice Policy that you will receive when you initiate therapy with me.

I only provide tele therapy services via a HIPPA secure service through Simple Practice. These services include working with individuals 12 years and older, couples or family group.

The service codes I use are as follows:

90834 Individual Therapy 45-to-50-minute session. This is my default service code. As stated on my website and in my Practice Policy, I provide 50-minute sessions. If a client chooses not to utilize the full time of our session, the fee of \$130.00 is still applied.

90837 Individual Therapy 53-to-60-minute session. There are times when therapy runs 3 to 5 minutes over. In rare moments they can run 10 minutes over. I do not charge additional fees for these stated extra minutes.

90847 Individual Therapy with a family member present or couple/family therapy 90846 Individual therapy without you (the client) present but with an individual or family members.

I charge \$130.00 per session, regardless of service code. How long you will "need" therapy will depend on several factors such as issue/issues you need to address, the amount of time and work that will be needed to meet your goals. Some clients will need 40 to 50 sessions which will cost between \$6,000 to \$7,500 or so. Others may need fewer sessions; some will need more than 50. I cannot give a concrete estimate due to factors such as vacations, cancelled sessions, illness, need for more or fewer sessions.

- This good faith estimate is not a contract and does not obligate you to obtain services from me. Nor does it obligate you to continue services with me.
- Additional services may be recommended and must be scheduled or requested separately.
- The good faith estimate is only an estimate and actual charges may differ.
- The good faith estimate will be reviewed and renewed at the start of each calendar new year in January.

• You have the right to initiate a dispute resolution process if the actual billed charges substantially exceed the expected charges in the Good Faith Estimate. Initiating this process will not affect the quality of services I provide you.

Since you are paying privately, you have the option of not being diagnosed with a specific mental health diagnosis. In fact, I will not assign a diagnosis to you unless you would benefit from receiving an appropriate DSM-V diagnosis. At our first session we would need to explore and discuss if you meet "criteria" for a diagnosis (there are several diagnoses that I am not licensed to give, that will have to come from another licensed source). If you want to receive out of network reimbursement from your medical insurance company (a super bill,) your medical insurance provider will require that we identify and document an appropriate DSM-V diagnosis at the first session. Please note it is your responsibility to contact your medical insurance provider to explore what reimbursement you may or may not be entitled to.

One last, extremely rare charge that I would have to charge you is for any legal proceedings that you or a third party wants me involved in on your behalf or if an ex-spouse is forcing me to take a stand to share information. Please know that I will never voluntarily disclose any information that occurs in session. If you request my presence or if I am ordered by a judge to provide such information, either verbally or in writing, then I will charge you \$300.00 an hour, prorated including preparation, travel, waiting time and court time.

If you have questions or should you require further information, please contact me to discuss further. I can be reached at <u>mark@allseaosonscounseling.biz</u> or my private cell phone 206-472-0535.