

GESELL

PSYCHOTHERAPY

Health Service Act: Good Faith Estimate

(2799B-6 of the Public Health Service Act, January 2022 – The No Surprises Health Service Act entitles you to the right to receive a “Good Faith Estimate” explaining how much your treatment will cost if you don’t have insurance or will not be using insurance.)

As your treating clinician at Gesell Psychotherapy, I anticipate your treatment will require weekly 50-minute psychotherapy sessions throughout the next 12 months at \$ _____ per session for a total of _____ weeks, taking into consideration vacations, holidays, emergencies, and sick time for an estimated total of _____.

I will discuss your treatment, level of progress, prognosis and if I anticipate that you may need further sessions every 12 months as applicable and according to the No Surprises Health Service Act.

Treatment Information:

Patient's Name:	Patient's ICD-10 Dx (As Applicable):
Patient's D.O.B.:	Patient's Phone:
Treating Psychotherapist's Name:	Psychotherapist's Phone:
Gesell Psychotherapy's Federal Tax I.D./EIN: 47-3281143	NPI: 192202250

Patient's Signature

Date

Treating Psychotherapist's Signature

Date