



Good Faith Estimate for Health Care Services

Patient

Patient First Name:

Middle Name:

Last Name:

Patient Date of Birth: _____/_____/_____

Patient Mailing Address, Phone Number, Email Address:

Street or PO Box (Apartment # if applicable):

City:

State:

Zip Code:

Phone:

Email Address:

Patient's Contact Preference: By Mail By Email

Patient Diagnosis (To be assessed after the first appointment or unless client gives this information before their first appointment)

Primary Diagnosis and Code:

Secondary Diagnosis and Code:

Primary Service Provided:

If scheduled, list the date(s) the Primary Service or Item will be provided:

Check this box if this service or item is not yet scheduled



Date of Good Faith Estimate: ____/____/____

Provider Name: Resolute Counseling

Summary of Expected Charges

(See the itemized estimate attached for more detail.)

Total Estimated Cost: \$

The following is a detailed list of expected charges in a given month:

Expected Service	# of sessions	Cost (each)	Total Cost
1. 90791		\$90.00	
2. 90837		\$90.00	
3. 90834		\$70.00	
4. 90832		\$45.00	

The estimated costs are valid for 12 months from the date of the Good Faith Estimate.

These costs are related on an average of 1 visit per week for 1 months' worth of services.

It is typical for a person to attend counseling for a minimum of 3-4 months to address their mental health diagnosis. The amount of sessions per month is a mutual decision between the therapist and the client based on many factors.



Resolute Counseling Estimate

Provider/Facility Name: Resolute Counseling

Street Address: 38 Black Avenue
City: Chambersburg

State: PA ZIP Code: 17201

Phone: 717-264-0450
Contact Person: Michael Linn
National Provider Identifier: 1760854269

Provider/Facility Type: Outpatient Mental Health

Email – michael@resolutecounseling.com

Taxpayer Identification Number: 47-5346351

***Details of Services for Resolute Counseling (Cost for services is same in-person and for telehealth)**

Service/Item	Address where service will be provided	Diagnosis Code	Service Code	Quantity	Expected Cost
Intake	38 Black Avenue, Chambersburg	N/A	90791	1	\$90.00
53-60 minutes	38 Black Avenue, Chambersburg	N/A	90837	1	\$90.00
38-52 minutes	38 Black Avenue, Chambersburg	N/A	90834	1	\$70.00
16-37 minutes	38 Black Avenue, Chambersburg	N/A	90832	1	\$45.00



Disclaimer

This Good Faith Estimate shows the costs of items and services that are reasonably expected for your health care needs for an item or service. The estimate is based on information known at the time the estimate was created.

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, federal law allows you to dispute (appeal) the bill.

If you are billed for more than this Good Faith Estimate, you have the right to dispute the bill.

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.

You may also 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 Good Faith Estimate. 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 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 1-800-985-3059.



Keep a copy of this Good Faith Estimate in a safe place or take pictures of it. You may need it if you are billed a higher amount.