EMPOWERING SYSTEMIC THERAPY, LLC
Good Faith Estimate

Name:_____ Date of Birth:_____

You have been referred to my office for treatment. I'm required to give you a Good Faith Estimate of the cost of treatment if you are uninsured or don't want to use insurance for this care. Since we haven't met, and don't yet know if you want to use insurance for your treatment, the information below is based on "fee for service" (out of pocket) rates.

If you DO intend to use insurance, check with your insurance carrier to find out what your copayment or coinsurance rates will be–they are likely to be much smaller.

Since I have not yet evaluated your difficulties or symptoms, I must at this point estimate your course of treatment based upon the national average for a course of psychotherapy, which is 18 encounters.

This initial estimate is valid for 12 months, but you are entitled to receive an update on this estimate at any time upon request.

Current ICD-10 diagnosis: R69 (diagnosis deferred).

Anticipated treatment:

1 session of CPT 90791 (diagnostic evaluation) at $180.00

17 weekly sessions of CPT 90837 (psychotherapy, over 50 minutes) at $160.00 per session

Total of estimated "fee for services" treatment without insurance: $2900.00

This is just a rough estimate based on national averages. The duration of our work together can be longer or shorter depending upon your symptoms, your work between sessions, and your response to treatment.

Unless required by a court order (an extremely rare situation), you are free to discontinue treatment at any time, and free to discuss any other modifications to treatment modalities, frequency, or duration. You are ultimately in control of your own healthcare; I am just here to provide help at your request.

Location of treatment: All sessions will take place in my office at 80 Garden Center, Suite 220A, Broomfield, CO 80020.

My identifying information:

Ryan Forrest, MA, LPC, LMFT

National Provider Identifier: 1437455573

Tax ID number: 27-480444