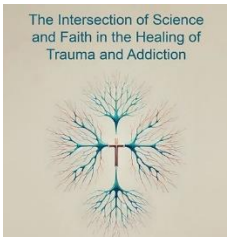
Good Faith Estimate

NeuroFaith, LLC

Jeffrey E. Hansen, Ph.D.



Brief explanation of estimate for new patients:
The estimate below is the range of costs that is likely for most new patients. Until the initial evaluation is complete to include your identification of specific treatment goals and priorities and we work together to develop the specific treatment plan that you are required to approve - usually within the first three sessions - we will not have sufficient understanding of specific diagnosis, issues, and needs. We conduct a comprehensive diagnostic evaluation of psychological and psychosocial conditions prior to commencement of the treatment or prior to conducting psychological evaluation and test administration and scoring services. This evaluation informs diagnosis and treatment planning discussions which involve your identification of treatment goals and priorities and approval of your treatment plan.

Once you and your provider agree to the treatment plan, patients typically attend 10 - 40 weekly sessions. However, it is common for those patients who are experiencing more complex and/or long-standing issues to require additional treatment sessions during the time covered by this estimate. In addition, at any time during treatment patients may identity additional goals based on their progress in therapy or new/emerging issues. In the event a patient identifies any additional goal(s), a new evaluation may be performed at additional cost and the treatment plan will be revised and approved by the patient and the Good Faith Estimate will be revised and provided to the patient. At any time, the patient or their parent/guardian may choose to stop treatment as described in the Informed Consent.

Contact: If you have questions about this estimate, please contact me:
Jeffrey.hansenphd@comcast.net or by phone: 360.870.3801

Details of the Estimate
The following is a detailed list of expected charges for psychological services scheduled for the period of 52 weeks from the date of treatment onset. The estimated costs are valid for 12 months from the date of this Good Faith Estimate, unless [I/we] send you an updated Estimate.

Integrated Bio/Psycho/Social Assessment (CPT Code 90791) Unit Cost: $200
Unit Cost $200
Estimated number: 1

Individual Therapy (CPT Code 90837):

NeuroFaith, LLC

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Unit Cost $180
Estimated number of sessions: 10 - 40
Expected costs: $1600 - $6,400

Total estimated cost: $1,800 – $6,600

Psychologist providing services:
Name/Credentials: Jeffrey E. Hansen, Ph.D.
NPI Number: 1922151547

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

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 $400 more (per provider) than this Good Faith Estimate (GFE), you have the right to dispute the bill.
You may contact the practice at the contact listed above to let them know the billed charges are at least $400 higher than the GFE. You can ask them to update the bill to match the GFE, 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 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.

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 than the estimate provided above.

I, the undersigned, acknowledge receipt of Dr. Jeffrey E. Hansen's Goof Faith Estimate.

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Patient signature **Date**