

# GOOD FAITH ESTIMATE

## Gayle Seely LLC

Licensed Professional Counselor

EIN: 38-3679437

44 S. Broad St. Hillsdale, MI 49242

License Number: 401007751

NPI: 1144320565

517-437-0309

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Patient Name:

Phone:

Address:

Email:

Diagnosis: Deferred

Services Requested: Psychotherapy

You are entitled to receive this “Good Faith Estimate” of what the charges could be for psychotherapy services provided to you. While it is not possible for a psychotherapist to know, in advance, how many psychotherapy sessions may be necessary or appropriate for a given person, this form provides an estimate of the cost of services provided. Your total cost of services will depend upon the number of psychotherapy sessions you attend, your individual circumstances, and the type and amount of services that are provided to you. This estimate is not a contract and does not obligate you to obtain any services from the provider(s) listed, nor does it include any services rendered to you that are not identified here.

This Good Faith Estimate is not intended to serve as a recommendation for treatment or a prediction that you may need to attend a specified number of psychotherapy visits. The number of visits that are appropriate in your case, and the estimated cost for those services, depends on your needs and what you agree to in consultation with your therapist. You are entitled to disagree with any recommendations made to you concerning your treatment and you may discontinue treatment at any time.

The fee for an intake is \$275. Thereafter, Individual sessions (50-minute psychotherapy in-person or via telehealth) are \$200. Most clients will attend therapy weekly or every other week, but the frequency of psychotherapy visits that are appropriate in your case may be more or less than once per week, depending upon your needs. If you attend therapy for a longer period, your total estimated charges will increase according to the number of visits and length of treatment. Obviously, if you attend for a shorter period, that would decrease your total costs.

You have a right to initiate a dispute resolution process if the actual amount charged to you substantially exceeds the estimated charges stated in your Good Faith Estimate (which means \$400 or more beyond the estimated charges). You are encouraged to speak with your provider at any time about any questions you may have regarding your treatment plan, or this Good Faith Estimate.

This Good Faith Estimate shows the costs of items and services that are reasonably expected for your health care needs. The estimate is based on information known at the time the estimate was created. Your provider may recommend additional services that are not reflected in this Good Faith Estimate.

We anticipate your treatment will require one to four times monthly 50-minute psychotherapy sessions throughout the next 12 months at \$200 per session, taking into consideration vacations, holidays, emergencies and sick time for an estimated total of (\$200 x 24 to 48 weeks) \$4800 to \$9600.

We are providing you with this good faith estimate based on the information the clinician has available at this time and actual items, services, or charges may differ from this good faith estimate as treatment progresses. Here is a chart of typical fees for services the practice provides that will be in effect for March 1, 2022 through December 31, 2022:

Initial assessment (60-75 min.): \$275	Couples Therapy (50-60 min): \$225
Individual session (53+ min.): \$200	Couples Therapy (61-90 min): \$325
Individual session (20-25 min.): \$150	Report Formulation (per 15 min): \$55
Missed appointment fee: \$75	SOS Reinstatement Eval: \$300

**Summary:**

Gayle Seely Counseling is an Out of Network Provider. Your help plan provider may not cover all of the services and costs associated with an Out of Network Provider. If you would prefer, you may seek a provider that is In Network for your insurance.

A formal diagnosis may occur after your initial session, and may change throughout treatment. Your therapist will discuss, as relevant, diagnosis(es) as applicable to treatment. **It is within your rights to decline a formal diagnosis.**

The Good Faith Estimate is only an estimate—actual items/ service charges may differ. 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.

I, the undersigned, agree that I have had time to review information on this Good Faith Estimate, and ask questions of my provider if applicable.

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Patient/ Guardian Signature

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Date