



Good Faith Estimate for Therapy Services

Provider Name: Megan Giroux	License/#: 6801089717
Provider Address: 3501 Lake Eastbrook Blvd SE, Suite 250, Grand Rapids, MI 49546	
Provider Phone #: (616) 209-8060	
Provider Tax ID#: 83-1763166	Provider NPI # : 1255606703

An initial session is 60 minutes and the charge is \$185. The CPT code is 90791.

The fee for a 50-minute psychotherapy visit (in-person or via telehealth) is \$165. The CPT code (the one that insurances use) is 90837. Most clients will attend 2-4 psychotherapy sessions per month, but the frequency of psychotherapy visits that are appropriate in your case may be more or less than that, depending upon your needs. Based on a fee of \$185 for an Initial session and \$165 per subsequent visit, the following are expected charges of psychotherapy services:

<u>Number of Weeks</u>	<u>Total estimated charges for 1 session per week</u>	<u>Total estimated charges for 2 sessions per month</u>
1 month of service	\$680	\$350
13 weeks of Service (Approx. 3 months)	\$2,165	\$1,010
26 weeks of Service (Approx. 6 months)	\$4,310	\$2,165
39 weeks of Service (Approx. 9 months)	\$6,455	\$2,990
52 weeks of Service (Approx. 12 months)	\$8,600	\$3,980

- Each of these includes (1) Initial session at \$185 and subsequent 50-minute session at \$165

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).

Upon your request, or in the case of a crisis- additional services may be required or desired. You've been provided with the list of all services and fees as part of your informed consent.

Disclaimers:

Separate good faith estimates will be issued to you upon request. You can request good faith estimates verbally during sessions or via your secure patient portal.

If there is an update to the charges for services, I will provide you with 30 days' notice of the change of fee and provide options regarding continuing, transferring, or discontinuing services.

There may be additional items or services your provider recommends as part of psychotherapy that must be scheduled or requested separately not reflected in the good faith estimate;

The information provided in the good faith estimate is only an estimate regarding items or services reasonably expected to be furnished at the time the good faith estimate is issued to the uninsured (or self-pay) individual and that actual item, services, diagnosis or charges may differ from the good faith estimate; and

You have the right to initiate the patient-provider dispute resolution process if the actual billed charges are substantially in excess of the expected charges included in the good faith estimate, as specified in § 149.620; this disclaimer must include instructions for where an uninsured (or self-pay) individual can find information about how to initiate the patient-provider dispute resolution process and state that the initiation of the patient-provider dispute resolution process will not adversely affect the quality of health care services furnished to an uninsured (or self-pay) individual by a provider or facility; and

This good faith estimate is not a contract and does not require you to obtain the items or services from any of the providers or facilities identified in the good faith estimate.