

**Full Bloom Counseling**

1780 S Bellaire St #485

Denver, CO 80222

**Date of Good Faith Estimate:** \_\_\_\_\_

**Brief Explanation of Estimate for New Patients:**

The estimate below reflects the typical costs for new patients. Because each individual's needs are unique, the actual number of sessions and total cost may vary. Until we conduct an initial consultation and begin treatment, we cannot provide a precise prediction of the total cost. The estimate is based on the information available at the time and may change depending on your specific circumstances and treatment progress.

**Brief Explanation for Continuing Patients:**

The estimate below represents the expected cost for your care. However, the actual number of sessions and total cost may vary based on how your treatment progresses.

**Contact:**

If you have questions about this estimate, please contact [info@fullbloomcounseling.com](mailto:info@fullbloomcounseling.com) or 720-767-9808.

**Details of the Estimate**

The following is a detailed list of expected charges for psychological services:

<b>Service</b>	<b>Service Code</b>	<b>Cost per Unit</b>
Initial Consultation	90791	\$_____
Psychotherapy	90837 and/or 90834	\$_____

**Total Estimated Cost:** This will depend on the number and frequency of sessions as agreed upon between you and your therapist.

**Therapist Providing Services:**

Name: \_\_\_\_\_

NPI Number: \_\_\_\_\_

TIN: \_\_\_\_\_

Address of Office: \_\_\_\_\_ [If different from above]

**Patient Information:**

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

**Disclaimer**

This Good Faith Estimate shows the costs of services that are reasonably expected for your mental health care needs. The estimate is based on the information known to us at the time it was created. The Good Faith Estimate does not include any unknown or unexpected costs that may arise during treatment. Actual costs may vary depending on your individual treatment needs and progress. If complications or special circumstances occur, additional sessions may be necessary, which could increase the overall cost. Federal law allows you to dispute the bill if you are charged at least \$400 more than the Good Faith Estimate.

**Dispute Resolution:**

You may contact us at the contact listed above if the billed charges are at least \$400 higher than the Good Faith Estimate. You can ask us to update the bill to match the estimate, negotiate the bill, or inquire about financial assistance.

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 it 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 and sides with the provider, you will have to pay the higher amount.

To learn more and get a form to start the process, visit [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) or call CMS at 1-800-985-3059.

This GFE is not a contract and does not obligate you to accept the services listed above. 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 above the estimate provided.