

*Example of a good faith estimate*

**Example of a Good Faith Estimate**

Patient Name: Jane Doe

DOB: 10/1/2000

Patient contact information (email, address, phone number): [jane.doe@gmail.com](mailto:jane.doe@gmail.com), 100 King Street, Anytown, VA, 703-111-2222

**Primary** service requested/scheduled, **primary** diagnosis and dx code [in clear and understandable language]:

[For new patients]: Initial Psychiatric Evaluation (90792) to access for mental health/substance use disorders

[For established patients] Evaluation and management services/office visit in conjunction with psychotherapy services; Adjustment Disorder with Mixed Anxiety and Depressed Mood; F43.23

List of Fees including applicable CPT codes [Pull this from your standard fee schedule; we've listed a range of services, yours may be smaller in scope; remove/add as appropriate]:

90792 [or list 99202-99205 series], Psychiatric Diagnostic Evaluation with Medical Services: \$200

99212 Office evaluation and management service [Straightforward]: \$100

99213 Office evaluation and management service [Low]: \$120

99214 Office evaluation and management service [Moderate]: \$140

99215 Office evaluation and management service [High]: \$160

90833 Psychotherapy, 30 minutes: \$100

90836 Psychotherapy 45 minutes: \$120

90838 Psychotherapy 60 minutes: \$140

Date of Service(s): January 22, 2022 [if recurring – [Weekly/Semi-Monthly/Monthly/Quarterly] for 12 months]

Date of Good Faith Estimate (GFE): January 11, 2022

Estimated cost: \$12,000 within next 12 months [(\$120 + \$120) x (50 visits)] [see [GFE](#) below for more information]

Provider name and National Provider Identifier (NPI) and Tax Identification Number (TIN) [Do not use your Social Security Number]

List of services that will require separate scheduling and that are expected to occur before or after the expected period of care for the primary service: [This may not apply but could include unusual services not covered above.]

Disclaimers:

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This Good Faith Estimate shows the costs of items and services that are reasonably expected for your health care needs for an item or service. The estimate is based on information known at the time the estimate was created. 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 more than this Good Faith Estimate, you have the right to dispute the bill. You may contact the health care provider or facility listed to let them know the billed charges are higher than the Good Faith Estimate. You can ask them to update the bill to match the Good Faith Estimate, 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 Good Faith Estimate. If the agency disagrees with you and agrees with the health care provider or facility, you will have to pay the higher amount.

### **Additional information re Good Faith Estimate**

GFE: For regular/recurring services such as E/M and psychotherapy you can provide a single good-faith estimate for the entire year as long as the estimate includes the expected scope of primary services including frequency, fee per visit and anticipated timeframe. There is no penalty to overestimate the charges. The good faith estimate can only include recurring services that are expected to be provided within 12 months. The clinician must offer a new estimate for additional services beyond 12 months and discuss any changes between the initial and new estimate.

Examples:

*I anticipate your treatment will require [weekly/semi-monthly/monthly/quarterly] XX-minute psychotherapy sessions in addition to [weekly/semi-monthly/monthly/quarterly] evaluation and management services throughout the next 12 months at [X dollars] per session for a total of [x weeks] taking into consideration availability (reduce as appropriate for things like vacations, holidays, emergencies, sick time) for an estimated total of [fee per session] x [number of weeks].*

For psychiatrists, the level of E/M services and length of time spent providing psychotherapy could vary so it may be appropriate to provide a range of potential costs or to overestimate the charges to accommodate for some variability. This also applies to those situations where it is harder to determine the course of treatment. Another option is to provide an initial estimate and revise as needed. IF the future course of treatment is less certain, an estimate might look like this:

*Depending on [insert applicable factors], you may need between X to Y more visits this year. At [\$ per visit] the estimated total costs are between X and Y [fee per visit times the number of visits].*

*or*

*Depending on the progress we make this year, I expect that you will need 10–20 more sessions this year. At \$X per session the estimated total cost would be [10X–20X].*

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