Good Faith Estimate

NEW FOCUS COUNSELING CENTER
COUNSELING SERVICES
3025 Lamar Ave., Paris, Texas, 75460
Phone: 903-715-4480Email: Newfocusparis.com
National Provider Identifier (NPI): 1831658293
Taxpayer Identification Number (TIN): 83-3849135

Expiration Date: January 1, 2023 OMB Control Number: 0938-1401
Good Faith Estimate effective today's date

Patient Information (Please Print)

First Name:_______________________ Middle Name: ________________ Last Name: ____________________
Date of Birth: ____________________________ Phone Number: _______________________________________
Email Address: ____
Address: ____
Client's Contact Preference: ________ Text _________ Email ___________ Both

Client Diagnosis: To Be Determined (TBD)
Primary Service or item requested/scheduled: TBD
Client secondary diagnosis: TBD
Service Code(s): 90791-Initial Diagnostic Evaluation $150.00 Hrly; 90832, 90834, 90837, 90846, 90847, 90853-Psychotherapy $125.00 Hrly; 90839-Psychotherapy crisis $125.00
Provider Estimates: TBD

The following is a detailed list of expected charges. The estimated costs are valid for 12 months from the date of the Good Faith Estimate.
Primary service or item: 90791-Initial Diagnostic Evaluation $150.00 Hrly; 90832, 90834, 90837, 90846, 90847, 90853-Psychotherapy $125.00 Hrly; 90839-Psychotherapy crisis $125.00

Details of Services and Items for NEW FOCUS COUNSELING CENTER

Service/item: TBD
New Focus Counseling Center, 3025 Lamar Ave., Paris, TX 75460
Diagnosis Code: TBD
Quantity: Your therapist will collaborate with you throughout your treatment to determine how many sessions and/or services you may diagnosis(es)/presenting clinical concerns.
Expected cost: See above Services and Fees

Disclaimer

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, and does not include any unknown or unexpected costs that may arise during treatment.

If you are billed for more than this Good Faith Estimate, you have the right to dispute the bill.

Throughout your treatment, the provider may recommend additional items or services as part of your treatment that are not reflected in this estimate. These would need to be scheduled separately with your consent and the understanding that any additional service costs are in addition to the Good Faith Estimate.

If your needs change during treatment, your provider should supply a new, updated Good Faith Estimate to reflect the changes to treatment, and the accompanying cost changes.

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.

The Good Faith Estimate is not a contract between provider and client and does not obligate or require the client to obtain any of the listed services from the provider.

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.

To learn more and get a form to start the process, go to www.cms.gov/nosurprises or call HHS at (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 (800) 985-3059.

Keep a copy of this Good Faith Estimate in a safe place or take pictures of it. You may need it if you are billed a higher amount.

* ☐ I consent to all information provided in the Good Faith Estimate provided above.

Print Name	Sign Name	Date
Witness Print Name	Witness Sign Name	Date