Fee Agreement and Good Faith Estimate

The Good Faith Estimate section is intended for a client who is uninsured or does not intend to use insurance to pay for the relevant care.

Practice and provider information

Practice or facility name

Legal entity

Practice address

Practice phone

Practice email

Taxpayer identification number

Group NPI

Clinician name

Clinician NPI

Client information

Client legal name *

Date of birth *

Mailing address *

Email

Phone

Estimate information

Primary diagnosis or reason for service if known

Date estimate prepared

Period of care start and end dates

Primary item or service

Scheduled dates or not yet scheduled

Recurring care timeframe, frequency and total number or not applicable

Fee agreement

The fees below apply unless the practice agrees in writing to a different amount or bills an insurance plan that assigns a different client responsibility.

Service	Duration or billing basis	Fee
Initial consultation		
Follow-up or medication consultation	60 minutes	
Follow-up	45 minutes	
Follow-up	30 minutes	
Follow-up	15 minutes	
Psychotherapy appointment		
Couples or family appointment		
Group therapy		
Record review, forms, or substantial documentation		
Legal or forensic consultation		
Court appearance, deposition, or legal travel		
Other fee		

Deposit and payment terms

Diagnostic and service codes are selected based on the care provided and do not guarantee insurance reimbursement. The frequency and length of treatment vary according to clinical need, client preference and the agreed treatment plan.

Good Faith Estimate

This estimate describes the items and services reasonably expected based on information known when it is prepared. It is not a bill. The fee menu is not the client-specific estimate; the expected services and charges below are.

Provider or facility 1

Provider or facility name

Provider or facility type

Address

Service location and state

Contact person, phone and email

NPI

Taxpayer identification number

Service or item	Diagnosis code if applicable	Procedure or service code	Expected quantity and frequency	Expected charge for this row

Provider or facility expected subtotal

Include a diagnosis code when required to calculate the estimate. A code may be omitted if a diagnosis is not determined or no relevant diagnosis code exists.

Good Faith Estimate continued

Provider or facility 2

Provider or facility name

Provider or facility type

Address

Service location and state

Contact person, phone and email

NPI

Taxpayer identification number

Service or item	Diagnosis code if applicable	Procedure or service code	Expected quantity and frequency	Expected charge for this row

Provider or facility expected subtotal

Total expected charges for the period of care

Items or services scheduled separately

Some items or services may need to be scheduled separately before or after the period of care. A separate Good Faith Estimate with the relevant service codes, provider details and charges will be provided when those services are scheduled or requested. The instructions below explain how to obtain it.

Services, instructions for a separate estimate, or None

Understanding your estimate

This estimate is based on information known when it is prepared. Actual services and charges may differ from this estimate. It may not include unknown or unexpected items or services caused by complications, changes in clinical need or other unforeseen circumstances. An updated estimate will be provided when required if the expected course of care changes.

The Good Faith Estimate is not a contract. You are not required to obtain any items or services from the providers or facilities listed.

If the total bill from one provider or facility is at least $400 more than that same provider's or facility's total estimate, you may be eligible for the federal Patient-Provider Dispute Resolution process. Start the process within 120 calendar days after receiving the initial bill. Keep a copy of this estimate and any updates.

Starting the dispute resolution process will not adversely affect the quality of care you receive. Signing the acknowledgment below does not waive your right to question or dispute a bill.

Current federal instructions are available at cms.gov/nosurprises/consumers or through the federal No Surprises Help Desk at 1-800-985-3059.

Billing contact

Billing contact name or team

Billing phone

Email or Allia secure message instructions

Client acknowledgment

I received this Fee Agreement and Good Faith Estimate, reviewed the payment terms and had an opportunity to ask questions.

By signing in Allia or through the practice's approved signing process, I acknowledge receipt of the Good Faith Estimate and agree to the payment terms in the Fee Agreement. The estimate itself is not a contract, does not require me to receive care and does not waive my right to dispute charges.

Client signature

Date