Good Faith Estimate (GFE) for Health Care Items and Services

Patient

Name:

DOB:

Address:

Phone:

Email:

Diagnoses and Services

Diagnosis: R69 (Illness, unspecified)

Primary Service: 90834 (Psychotherapy, 45min)

Good Faith Estimate

Date of GFE:

Provider Name:

Estimated Total Cost: $[rate x 10 sessions] – [rate x 52 sessions]

The following is a detailed list of expected charges for 90834 individual psychotherapy (45min). The estimated costs are valid for 12 months from the date of the Good Faith Estimate. Estimated costs may be updated with an updated GFE.

Detailed Provider Estimate

Provider:

Provider Type:

Address:

Phone:

Email:

National Provider ID:

Details of Services and Items for Provider

Service Dx Code Service Code Quantity Expected Cost

Psych Diagnostic Eval R69 90791 1 $[rate]

Psychotherapy (45min) R69 90834 9-51 $[rate x 9]-[rate x 51]

Total Estimated Cost of Services

$[rate x 10 sessions] – [rate x 52 sessions]