



Authentic Roots Therapy
 7077 Northland Circle N, #330
 Minneapolis, MN 55428-1567
 Phone: 612-217-4101

Provider: Provider NPI:

Good Faith Estimate for Psychotherapy Services

Patient Information

Client Name: Client D.O.B:
 Client Identification #: Insurance:

Contact Information

Street: City, State, Zip:
 Phone: Email:

Client Estimated Charges

Primary Service Requested:
 Today's Date/Estimate Date:

The following is a detailed list of expected charges for therapy. Due to the nature of the therapeutic relationship the number of sessions is just an estimate. The estimated costs are valid for 12 months from the date of the Good Faith Estimate. Note: The Policy for late cancellation fees and missed sessions must be reviewed. There is a No Show/Late Cancellation fee of \$150(paid by client) if the session is cancelled within 24 hours of scheduled time.

Service Name	Service Code	Insurance Billed Rate	Private Pay Rate	Estimated # of Sessions
Diagnostic Evaluation	90791	\$250	\$150	1
53+ Individual Therapy	90837	\$175	\$150	12+
Family Psychotherapy w/ Client	90847	\$200	\$150	12+
Interactive Complexity +	90785	\$30	\$30	12+
No Show / Late Cancel	00000	\$150 - Paid by Client	\$150	0

Name: Date: Signature:

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. 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. To learn more and get a form to start the process, go to www.cms.gov/nosurprises or call the No Surprises Held Desk at 1-800-985-3059. For questions or more information about your right to a Good Faith Estimate or the dispute process, visit www.cms.gov/nosurprises or call 1-800-985-3059. 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.