Creative solutions Counseling, LLC

Good Faith Estimate For HealthCare Services

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| **Provider: Cynthia Rebholz, LCMFT** | **Private Practice Services** |
| Client Name(S) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Birth /\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   State\_\_\_\_\_\_ Zip code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Indicate delivery method (check One)  By Encrypted Email  via Provider portal \_\_\_\_\_  By Fax \_\_\_\_ (\_\_\_\_)\_\_\_\_\_\_\_\_\_P  By Mail **\_\_\_\_** will be sent to address provided. |
| Payment Due At time of each service  Therapist Cynthia Rebholz  Payment Terms By Credit Card, (Square, Ivy Pay)  \*Payment expected at time of each service | Diagnosis Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Subject to change with assessment)  Estimated unit price of fees may possibly change each January. |

| **Service code** | **Location** | **Description** | **Unit Price** | **Expected Cost (**Number of Sessions) | |
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| 90847 | Telehealth  (2) | Couple/Family Therapy one hour | 1 service @125.00 |  | |
| 90837 | Telehealth  (2) | Individual Therapy one hour | 1 service @115.00 |  | |
| 90834 | Telehealth  (2) | Individual Therapy 45 minutes | 1 service @100.00 |  | |
| 90871 | Telehealth  (2) | New- Assessment and treatment planning | 1 service @150.00 |  | |
| Clients may cancel services at any time by contacting Cynthia Rebholz. Charges apply to services rendered. Assessment is ongoing, so service needs may increase or decrease depending on mental health status, relapse, trauma, affairs, progress, etc. Specific outcomes are not guaranteed. | | | | | Total expected charges  $ |
| This is only an Estimate! | | | | | | |