Soulful Sage Counseling, LLC

Good Faith Estimate of Expected Charges

Provided under the No Surprises Act (45 CFR § 149.610)

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This Good Faith Estimate (GFE) shows the estimated cost of mental health services for uninsured and self-pay clients, as required by federal law. This is an estimate only, based on information known at the time it was created — not a bill, and not a guarantee of what you will actually owe.

Estimate Date & Client Information

Estimate Date **Client Name** **Date of Birth**

Provider & Facility Information

Provider Name **License / NPI Number**

Facility Name: Soulful Sage Counseling, LLC **Tax ID (EIN)**

Service Location(s): Telehealth (UT/ID) and In-Person, Hurricane, UT

Diagnosis (if known)

A specific diagnosis, if applicable, is typically determined during the initial evaluation and may not be known at the time this estimate is issued. An updated estimate will be provided if diagnosis or treatment plan materially changes expected costs.

Diagnosis / Presenting Concern (if known)

Estimated Services & Charges

This estimate reflects anticipated outpatient psychotherapy services over a 3-month period of care, based on the frequency discussed at intake. Actual services and costs may vary based on clinical need.

Service	CPT Code	Est. Sessions	Fee / Session	Est. Total
Initial Diagnostic Evaluation	90791		$	$
Individual Psychotherapy (60 min)	90837		$	$
Couples / Family Psychotherapy (90 min, EFT)	90847		$	$
Other: _____	[____]	[____]	$[____]	$[____]

Total Estimated Cost for This Period of Care

This is only an estimate.

This Good Faith Estimate shows the costs of items and services that are reasonably expected for your mental health care needs for this period of care. The estimate is based on information known at the time it was created and does not include any unknown or unexpected costs that may arise during treatment — for example, if more sessions are clinically recommended than estimated above. You could be charged more if your treatment needs change.

Your Right to Dispute

- If you are billed for more than this Good Faith Estimate, you have the right to dispute the bill.
- You may contact Soulful Sage Counseling to ask that the bill be updated to match this estimate, negotiate the bill, or ask about financial assistance.
- You may also start a dispute resolution process with the U.S. Department of Health and Human Services (HHS). You must start this process within 120 calendar days of the date on the original bill.
- There is a fee to use the dispute process. If HHS agrees with you, you will pay the amount on this Good Faith Estimate. If HHS agrees with the provider, you will pay the higher amount.
- To learn more or start a dispute, 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 a picture of it. You may need it if you are billed a higher amount than expected.

Acknowledgment

By signing below, I acknowledge that I have received and reviewed this Good Faith Estimate prior to my first scheduled session.

Client (or Legal Representative) — Signature *Date*