



7. GFE NOTICE TO EXISTING CLIENTS (2025)

NOTIFICATION - GOOD FAITH ESTIMATE (2024)

Dear Valued Client,

In compliance with the No Surprises Act that went into effect January 1, 2022, all healthcare providers are required to notify clients of their Federal rights and protections against potential "surprise billing."

This Act requires that we notify you of your federally protected rights to receive a notification when services are rendered by an out-of-network provider, if a client is uninsured, or if a client elects not to use their insurance.

Additionally, we are required to provide you with a Good Faith Estimate of the cost of services (attached). It is difficult to determine the true length of treatment for mental health care and each client has a right to decide how long they would like to participate in psychotherapy services. Therefore, attached you will find a fee schedule for the services offered by your therapist. Your therapist will collaborate with you to determine how many sessions you may need.

Please review the Good Faith Estimate and let your therapist know if you have any questions.

Sincerely,

Carla Barrow, JD, LMFT
MT#3973

- I have read and understand my rights under the No Surprises Act, and will coordinate with Carla Barrow, JD, LMFT to avoid any questions of "surprise billing" or the fees and costs I can anticipate during treatment.



6. Schedule of Potential Fees/Costs - 2025 GFE

Intake - 60 to 90 minutes

\$200-\$250 to \$250 (individuals and couples)

Total estimated charges for 1 50-60 minute session per week

@\$200 = \$200

Total estimated

charges for 1 80-90 minute session per week

@\$250 = \$250

1 Month (4 weeks) of Service

@\$200 = \$800 (50-60 min)

@\$250 = \$1000 (90 min)

12 Weeks of Service (Approx. 3 Months)

@\$200 = \$2400 (50-60 min)

@\$250 = \$3000 (90 min)

26 Weeks of Service (Approx. 6 months)

@\$200 = \$5200 (50-60 min)

@\$250 = \$6500 (90 min)

36 Weeks of Service (Approx. 9 months)

@\$200 = \$7200 (50-60 min)

@\$250 = \$9000 (90 min)

52 Weeks of Service (Approx. 12 Months)

@\$200 = \$10,400 (50-60 min)

@\$250 = \$13,000 (90 min)

*Please refer to the terms of your Consent, Policies & Agreement (CP&A) regarding package pricing that may reduce certain fees listed.

**During the course of psychotherapy treatment, you may be subject to additional costs based on time, frequency, and services rendered. See below for a list of possible additional services:

Additional Fees - Estimated potential fees based on time, frequency and services rendered

Cancellation Fee Cost of the session time scheduled and missed

(e.g. \$200 for 50-60 minute and \$250 for 90-minute)(dependent on the terms and conditions of your CP&A)

Record Request Fee

\$1.50/Page

Consultation With Other Providers

\$200 - Billed in ¼ Hours (dependent on the terms and conditions of your CP&A)

Letter or Report Writing

\$200/hour- Billed in ¼ Hours (dependent on the terms and conditions of your CP&A)

Crisis Communication (between sessions)

\$200/hour Billed in ¼ Hours (dependent on the terms and conditions of your CP&A)

Travel Time for Out of Office Sessions or Court Appearances

\$200 (dependent on the terms and conditions of your CP&A) - Billed in ¼ Hours

Court work/appearances - \$1000/hour

Forensic and/or Legal Fees

A new Good Faith Estimate will be provided to you based on the services and amount of time services are needed

You are entitled to receive this “Good Faith Estimate” of what the charges could be for psychotherapy services provided to you. While it is not possible for a psychotherapist to know, in advance, how many psychotherapy sessions may be necessary or appropriate for a given person upon the initiation of psychotherapy, this form provides an estimate of the cost of services provided.

Your total cost of services will depend upon the number of psychotherapy sessions you attend, your individual circumstances, and the type and amount of services that are provided to you.

This estimate is not a contract and does not obligate you to obtain any services from the provider(s) listed, nor does it include any services rendered to you that are not identified here. Your total cost of services will depend upon the number of psychotherapy sessions you attend, your individual circumstances, and the type and amount of services that are provided to you. This estimate is not a contract and does not obligate you to obtain any services from the provider(s) listed, nor does it include any services rendered to you that are not identified here.