

Good Faith Estimate for Services

In compliance with the No Surprises Act that went into effect January 1, 2022, we are required to notify all healthcare consumers of your federal rights and protections against “surprise billing”. This Act requires that we notify you of your federally protected rights to receive a notification when services are rendered by a non-participating provider and provide options to receive care from an in-network provider if one is available.

Additionally, we are required to provide you with a Good Faith Estimate of the cost of services for the duration of treatment. It is difficult to determine the true length of treatment for mental health care but attached is our best estimate based on the average length of treatment. We have also provided a list of fees that may incur throughout your care at Convergent Mental Health and Wellness, LLC that are in addition to direct counseling services and fees.

For questions or more information about your right to a Good Faith Estimate or the dispute process, visit www.cms.gov/nosurprises or call CMS at 1-800-985-3059 . This GFE is not a contract. It does not require you to accept the services listed below. Keep a copy of this Good Faith Estimate (GFE) in a safe place or take pictures of it. You may need it if you are billed more than \$400 than the estimate provided below.

Service Code	Description	Time Range	Frequency	Cost
90791	Diagnostic Intake and Evaluation	Up to 60 min.	1x per year	\$150
90837	Individual Therapy	53-60 mins.	1-2x/week or as determined by you and your clinician	\$150
90834	Individual Therapy	38-52 mins.	As needed	\$150
90832	Individual Therapy	16-37 mins.	As needed	\$150
90846	Family Therapy w/o Client	60 mins.	As needed	\$150
90847	Family Therapy w/ Client	60 mins.	1-2x/week or as determined by you and your clinician	\$150
No Show Fee (not showing to scheduled appointment) \$30				\$150
Late Cancellation Fee (cancelling within 24 hours of scheduled appointment)				\$150
Completion of Documents (FMLA, Disability etc.)				\$150
Consultation (Coordinating care with other doctors or health providers on your care team)				FREE
Court preparation, appearance, document preparation, subpoena response, and testimony				\$400/hour

Client Printed Name

Guardian/Authorized Rep. Printed Name

Client Signature

Guardian/Authorized Rep. Signature

Date (MM/DD/YYYY)

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