**CREATURE COMFORT COUNSELING**

Jessica Heuschele, LCSW

1057 Poquonnock Rd, Groton CT, 06340; 860-772-8990

Date of Good Faith Estimate: (date)

The estimate below is the range of costs that I think is likely for your care over the time period covered by this estimate (12 months from date above). However, depending on how treatment progresses, more or fewer sessions may be needed.

Contact: If you have questions about this estimate, please contact me at the information provided above, or by email at jessicaheuschele@creaturecomfortcounseling.com.

**Details of the Estimate**

The following is a detailed list of expected charges for psychological services scheduled to begin on 10/2/25. The estimated costs are valid for 12 months from the date of this Good Faith Estimate, unless I send you an updated Estimate. This estimate reflects your use of your current UHC Medicare plan and continued telehealth-only visits. If your insurance or election changes, and/or you engage with in-person visits, this estimate no longer holds and will be revised. Note: Clinician will waive client’s portion of an in-person visit once per 12 month period.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Service** | **Diagnosis Code** (once determined) | **Service code** | **Quantity**  (# of sessions or  units. Give number or range) | **Cost per unit** | **Expected cost** |
| Initial evaluation | [use ICD codes] | 90791 | 1 | $X | $X |
| Psychotherapy |  | 90837 and/or 90834 | 50 (weekly for 1 year) | $X | $50x |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Total estimated cost: $ 51X/year

**Patient information:**

Patient name \_(insert)

**Disclaimer**

This Good Faith Estimate shows the costs of services that are reasonably expected for the expected services to address your mental health care needs. The estimate is based on the information known to me when I generated the estimate.

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 $400 more than this Good Faith Estimate (GFE), you have the right to dispute the bill.**

You may contact me at the contact listed above to let me know the billed charges are at least $400 higher than the GFE. You can ask me to update the bill to match the GFE, 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 GFE. 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 CMS 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 CMS at 1-800-985-3059 .

This GFE is not a contract. It does not obligate you to accept the services listed above.

**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 above.**