



# PACIFIC TRAUMA SPECIALISTS

706 Natoma Street, Folsom, California 95630 | 916-608-4569 |

Provider Name: Pacific Trauma Specialists	License/#:
Provider Address: 706 Natoma Street, Folsom, CA 95630	
Provider Phone #: ( 916 ) 608- 4569	
Provider Tax ID# (if applicable): 455267300	Provider NPI # (if applicable): NA

Patient Name:	Patient Date of Birth:
Services Requested: Psychotherapy	Date of Initial Session (if applicable):

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, 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.

You have the right to initiate a dispute resolution process if the actual amount charged to you substantially exceeds the estimated charges stated in your Good Faith Estimate (which means \$400 or more beyond the estimated charges).

For questions or more information about your right to a Good Faith Estimate or the dispute process, visit <https://www.cms.gov/nosurprises/consumers> or call 1- 800-985-3059. The initiation of the patient-provider dispute resolution process will not adversely affect the quality of the services furnished to you.

### *Fee for Services:*

The fee for a 50-minute psychotherapy visit (in-person or via telehealth) is \$ [redacted] and a 90-minute psychotherapy visit is \$ [redacted]. Most clients will attend one psychotherapy visit per week, but the frequency of psychotherapy visits that are appropriate in your case may be

more or less than once per week, depending upon your needs, which we will agree upon together.

Based upon a fee of \$ [redacted] per hour, if you attend one psychotherapy hour per week, your estimated charge would be for \$ [redacted] four visits provided over the course of one month \$ [redacted] for eight visits over two months; or \$ [redacted] for 12 visits over three months. If you attend therapy for a longer period, your total estimated charges will increase according to the number of visits and length of treatment.

You are encouraged to speak with your provider at any time about any questions you may have regarding your treatment plan, or the information provided to you in this Good Faith Estimate.

Date of this Estimate: \_\_\_\_\_