

**GOOD FAITH ESTIMATE FOR PSYCHOTHERAPY COUNSELING WITH RYAN WISHART LMFT PLLC**

Ryan Wishart LMFT PLLC	LMFT 1492 LCAS 2921 (NC), LMFT 1864 (TN)
910 East Blvd., STE. 203, Charlotte, NC 28203	
Tel: 704.816.0667	
TIN: 80-0911779	NPI 1952687337

Patient Name:	
Patient Address:	
Patient Phone #: (    )	Patient Email:
Patient Diagnosis (if known/applicable) (see below if you are a new patient*):	
Services Requested: Psychiatric Diagnostic Evaluation (60 min) CPT 90791: \$170; Individual Psychotherapy (53 min) CPT 90837: \$170; Family or Couples Psychotherapy (60 min) CPT 90847: \$170; Individual Psychotherapy (30 min) CPT 90832: \$85	

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. 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. There may be additional items or services provided by Ryan Wishart LMFT PLLC that may be scheduled separately. These fees and items (court fees, documentation fees, no-show or cancellation charges, etc.) will be listed in your provider’s Informed Consent/Professional Disclosure Paperwork.

This Good Faith Estimate is not intended to serve as a recommendation for treatment or a prediction that you may need to attend a specified number of psychotherapy visits. The number of visits that are appropriate in your case, and the estimated cost for those services, depends on your needs and what you agree to in consultation with your therapist. You are entitled to disagree with any recommendations made to you concerning your treatment and you may discontinue treatment at any time.

The fee for a 50-minute psychotherapy visit (in-person or via tele-health) is \$170. 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. Based upon a fee of \$170 per visit, if you attend one psychotherapy visit per week, your estimated charge would be \$680 for four visits provided over the course of one month; \$1360 for eight visits over two months; or \$2040 for 12 visits over three months. If you attend therapy for one year (52 weeks) on a weekly basis your estimated charge would be \$8840. 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 have a 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). You can contact your healthcare provider to dispute the bill or start a dispute with the US Dept. of Health & Human Services (HHS). If you choose to use the dispute resolution process with HHS, you must start the process with 120 calendar days of the date on the original bill.

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.

As both verbally discussed and indicated with your signature in your provider's Informed Consent/Professional Disclosure forms that you completed, you understand that Ryan Wishart does not accept many insurances and does not accept/bill insurance for certain services which have been outlined to you in writing and verbally prior to you agreeing to participate in treatment with Ryan Wishart.

\*Without meeting you and completing a full psychiatric diagnostic interview, I am unable to provide you with a diagnosis as part of this good faith estimate. Your initial diagnosis will be determined and shared with you following completion of your assessment appointment(s). Below, I have listed common diagnoses that clients may be given in therapy. This list is not exhaustive and your diagnosis may differ from the ones listed below. However, please note that the codes provided here are generic and used to satisfy the requirements of the No Surprises Act:

F43.21 Adjustment Disorder with Depressed Mood

F43.22 Adjustment Disorder with Anxiety

F43.23 Adjustment Disorder with Mixed Anxiety and Depressed Mood

V61.10/Z63: Relationship Distress with Spouse or Intimate Partner

F41.9 Unspecified Anxiety Disorder

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