Dear Current and Potential Future Clients,

Congress has enacted the “No Surprises Act” which went into effect 1/1/2022. [**Surprise medical bills**](https://www.healthsystemtracker.org/brief/an-examination-of-surprise-medical-bills-and-proposals-to-protect-consumers-from-them-3/) arise when insured consumers inadvertently receive care from out-of-network hospitals, doctors, or other providers they did not choose. Beginning January 1, 2022, mental health care providers will be required to give uninsured and self-pay patients a good faith estimate when scheduling care or when you request an estimate.

It is highly unlikely this could affect our work together. There will be no situation in which you would “inadvertently” receive care from me without selecting me as your therapist.

If we currently work together, you are already aware of your per session fees and charges. If you are considering working with me in the future my fee will be $138.00 for the first session and $120.00 for each additional session. You will pay per session. There are no surprises here. You are free to discontinue treatment at any time.

If you are considering working with me, available information on the requirements of the “No Surprise Act” suggests a Counselor might need to provide you with a diagnosis before we even meet, which of course would be difficult without a meaningful evaluation of your circumstances and symptoms. In compliance with the “No Surprises Act,” you will receive a “Good Faith Estimate” of costs involved with your therapy. There will be no surprises whatsoever, since you are always informed of my fees for each appointment/service you request in advance.

Rest assured that I will be transparent with you about the costs of the services we agree on together. You will have “no surprises” here. You may certainly ask at any time about any costs about which you may be unsure, and you will be provided clear information.

Melissa Friesenhahn MA, LPC / Alamo Counseling, LLC

Good Faith Estimate Details

Below shows current session fees estimated for a 12 month period.

Intake appointment/ First appointment $138.00 + Each additional session is $120.00

Clients see therapist two times a week for 8 weeks $1800 + the first session
Clients see therapist weekly for 12 weeks $1,440.00

Client sees therapist biweekly for 12 weeks $1,440.00 x 2 = 2.880.00

Estimated amount would be $3,978

The frequency with which you are seen, and the duration of time in which you are seen, is dependent on symptoms, your work between sessions, and your response to treatment. The above example is for illustrative purposes only and are not specific to you or your treatment. Instead they are meant to show the variation of cost over the course of a year.

**Good Faith Estimate for Health Care Items and Services**

Patient Information

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identification Number:

Address:

Phone Number:

Email Address:

Patient’s Contact Preference: [ ] By mail [ ] By email [ ] By text

Primary Diagnosis Code: Secondary Diagnosis Code:

**Disclaimer**

This Good Faith Estimate shows the costs of items and services that are reasonably expected for your health care needs for an item or service. The estimate is based on information known at the time the estimate was created. 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.

 