

Good Faith Estimate

Individual Therapy

Julia Clowney LICSW LLC (Tax ID: 47-1646029, NPI: 1194117473)

This estimate is for clients who are choosing self-pay or who are uninsured

2022 Clinic Rates for Services*

Service	Code	Unit Rate
Diagnostic Assessment	90791	\$200
Individual Therapy 53 min	90837	\$175
Individual Therapy 38-52 min	90834	\$130
Individual Therapy 16-37 min	90832	\$88

Client Information

Client Name:
Client Date of Birth:
Services Include: Diagnostic Assessment Individual Therapy
Does the identified client have a qualifying mental health diagnosis? Yes Not Yet Assessed
If client does not meet criteria for mental health services, they will only be charged for the initial assessment

Good Faith Estimate:**

1 Diagnostic Assessment Unit @ \$ _____

Therapy Session Unit @ \$ _____ each

Is this a recurring service? Y N

Good Faith Estimate Total:

\$ _____ per session,

up to _____ sessions a year

**Client and therapist will discuss and agree on length of care (number of sessions) after the initial assessment and ongoing, based on client symptom reduction and client agreement. A new estimate will be provided as needed.

Provider Name: Julia Clowney LICSW

Signature:

Date:

Client Name:

Signature:

Date: