

## Good Faith Estimate

Julia Clowney LICSW LLC

NPI: 1194117473 Tax ID: 47-1646029

2826 West 43rd St, Minneapolis MN 55410

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

### 2023 Clinic Rates for Services

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

### Client Information

|  |
|--|
| Client Name:   |
| Client Date of Birth:  |
| Services Include:<br><br>Diagnostic Assessment<br><br>Individual Therapy               |
| Does the identified client have a qualifying mental health diagnosis?<br><br>Yes _____ |

### Good Faith Estimate:\*\*

1 Diagnostic Assessment Unit @ \$\_\_\_\_\_

\_\_\_\_\_ Therapy Session Units @ \$\_\_\_\_\_

**Total Estimated Cost: \$\_\_\_\_\_**

\*\*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 requested.

Provider Name: Julia Clowney LICSW

Client: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_