

**Julia Clowney LICSW LLC**  
**2023 Good Faith Estimate**

Name (print):\_\_\_\_\_ Date of Birth:\_\_\_\_\_

For New Clients Starting Care:

I'm required by the 2022 No Surprises Act to give you a Good Faith Estimate of the cost of treatment if you are uninsured or don't want to use insurance for this care. Since we haven't met, and don't yet know if you want to use insurance for your treatment, the information below is based on "fee for service" (out of pocket) rates.

I am unable to take Managed Care Plans offered through Medica or HealthPartners including Medicare as I am not a network provider for either of those insurance companies. If you choose to receive services from Julia Clowney LICSW LLC – you will pay "fee for service" rates.

If you DO intend to use insurance, check with your insurance carrier to find out what your copayment or coinsurance rates will be—they are likely to be much smaller.

Since I have not yet evaluated your difficulties or symptoms, I must at this point estimate your course of treatment based upon the national average for a course of psychotherapy, which is 18 encounters. This initial estimate is valid for 12 months, but you are entitled to receive an update on this estimate at any time upon request.

**Current ICD-10 diagnosis:** R69 (diagnosis deferred).

**Anticipated treatment:**

- 1 session of CPT 90791 (diagnostic evaluation) at \$200
- 17 weekly sessions of CPT 90837 (psychotherapy, 53 minutes) at \$175 per session
- Total of estimated "fee for services" treatment without insurance: \$200 + (17 x \$175) = \$3175

*This is just a rough estimate based on national averages.* The duration of our work together can be longer or shorter depending upon your symptoms, your work between sessions, and your response to treatment.

Unless required by a court order (an extremely rare situation), you are free to discontinue treatment at any time, and free to discuss any other modifications to treatment modalities, frequency, or duration. You are ultimately in control of your own healthcare; I am just here to provide help at your request.

**Location of treatment:** 2826 West 43<sup>rd</sup> St, Minneapolis MN 55410 or online  
**My identifying information:** Julia Clowney LICSW  
**National Provider Identifier:** 1194117473  
**Tax ID number:** 47-1646029

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Client signature

Date