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 Specializing in Obsessive-Compulsive and Related Disorders

Date of Good Faith Estimate: ___/___/___ This estimate is for psychotherapy services through
 ___/___/___.

Brief explanation of estimate for new patients:

The estimate below is the range of costs/cost that is likely for most new patients. Until I do an initial evaluation and we start to work together, I will not have a clear picture of your specific diagnosis, issues and needs. It is not possible to predict the total number of sessions that will be recommended. The estimate is based on an estimated one session per week for one year. If you have health insurance this estimate will reflect estimated charges billed to your insurance company,

Details of the Estimate

The following is a detailed list of expected charges for psychological services. The estimated costs are valid for 12 months from the date of this Good Faith Estimate, unless I send you an updated Estimate.

Service	Diagnosis Code (once determined)	Service code	Quantity (# of sessions or units. Give number or range)	Cost per unit	Expected cost
Initial evaluation		90791	1	\$250	\$250
Psychotherapy		90837 and/or 90834	1-50	\$200	\$200-\$10,000

Total estimated cost: \$_____

Patient information:

Patient name _____ DOB _____

Disclaimer

This Good Faith Estimate shows the costs of services that are reasonably expected for the expected services to address your mental health care needs. The estimate is based on the information known to [us/me] when [we/I] did the estimate.

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. If this happens, federal law allows you to dispute (appeal) the bill.

If you are billed for \$400 more (per provider) than this Good Faith Estimate (GFE), you have the right to dispute the bill

You may contact the [psychologist/psychology practice] at the contact listed above to let them know the billed charges are at least \$400 higher than the GFE. You can ask them to update the bill to match the GFE, ask to negotiate the bill, or ask if there is financial assistance available.

You may also start a dispute resolution process with the U.S. Department of Health and Human Services (HHS). If you choose to use the dispute resolution process, you must start the dispute process within 120 calendar days (about 4 months) of the date on the original bill.

There is a \$25 fee to use the dispute process. If the agency reviewing your dispute agrees with you, you will have to pay the price on this GFE. If the agency disagrees with you and agrees with the health care provider or facility, you will have to pay the higher amount.

To learn more and get a form to start the process, go to:

www.cms.gov/nosurprises or call CMS at 1-800-985-3059.

For questions or more information about your right to a Good Faith Estimate or the dispute process, visit www.cms.gov/nosurprises or call CMS at 1-800-985-3059 .

This GFE is not a contract. It does not obligate you to accept the services listed above.

Keep a copy of this Good Faith Estimate (GFE) in a safe place or take pictures of it. You may need it if you are billed more than \$400 than the estimate provided above.