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

<b>Patient</b>		
Patient First Name	Middle Name	Last Name
Patient Date of Birth: _____/_____/_____		
<b>Patient Mailing Address, Phone Number, and Email Address</b>		
Street or PO Box	Apartment	
City	State	ZIP Code
Phone		
Email Address		
Patient's Contact Preference: <input type="checkbox"/> By mail <input type="checkbox"/> By email		
<b>Patient Diagnosis</b>		
Primary Service or Item Requested/Scheduled (Please see attached for a list of itemized services and fees)		
Patient Primary Diagnosis	Primary Diagnosis Code	
Patient Secondary Diagnosis	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. If this happens, federal law allows you to dispute (appeal) the bill.

### **If you are billed for more than this Good Faith Estimate, you have the right to dispute the bill.**

You may contact the health care provider or facility listed to let them know the billed charges are higher than the Good Faith Estimate. You can ask them to update the bill to match the Good Faith Estimate, 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 Good Faith Estimate. 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](http://www.cms.gov/nosurprises) or call Heather Hopper PhD at 404-631-6310

**For questions or more information** about your right to a Good Faith Estimate or the dispute process, visit [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) or (800) 368-1019.

Keep a copy of this Good Faith Estimate in a safe place or take pictures of it. You may need it if you are billed a higher amount.

**GOOD FAITH ESTIMATE**  
**TABLE OF SERVICES AND FEES**

The following is a detailed list of expected charges for psychotherapy or other service, scheduled for \_\_\_\_\_

Include if items or services are reoccurring. "The estimated costs are valid for 12 months from the date of the Good Faith Estimate."

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

Date of Service (If Known)	Service code (CPT Code)	Description	Fee for Service (Number of Sessions Will Be Determined as We Progress)
	90791	Initial Diagnostic Evaluation	200
	90832	Psychotherapy, 16-37 minutes	115
	90834	Psychotherapy, 38-52 minutes	160
	90837	Psychotherapy ≥ 53 minutes <u>(This fee is my hourly rate &amp; used for all prorated calculations as indicated)</u>	200
	90839	Psychotherapy for a Crisis (30-74 minutes)	200
	90840	Psychotherapy for a Crisis (add on code for each additional 30 mins)	115
	90847	Family Psychotherapy with Patient Present, up to 53 minutes	180
	90889	Letters or documents for outside parties; creating specialized treatment summaries, etc.	\$50/15 minutes
	91650	Behavioral Health Assessment (per 15 minutes)	60
	91652	Behavioral Health Treatment (per 15 minutes)	60
	98966-98968	Telephone Assessment & Management	Under 15 minutes: N/C Otherwise, prorated based on the amount of time spent at hourly rate
	98970-98972	Online Digital Evaluation & Mgt (Responding to Email & Text Messages)	Under 15 minutes: N/C Otherwise, prorated based on the amount of time spent at hourly rate
	Cancellation and Missed Appointment Fee	Your Therapist Requires a Cancellation Fee if less than 24 hours.	You are Responsible for the Fee of the Appointment Missed
	Production of Records	Preparing or Producing records already created.	As permitted by <i>OCGA § 31-33-3</i>
	Legal Fees	Consultation, Preparation for and Participating in Depositions, Hearings, Record Creation or Production	\$75/15 minutes

