



WAYFIND COUNSELING LLC

Good Faith Estimate for Services

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Beginning January 1, 2022, federal laws regulating client care have been updated to include the "No Surprises" Act. Under the law, healthcare providers need to give patients **who don't have insurance or who are not using insurance** an estimate of the bill for medical items and services called a "Good Faith Estimate" (GFE) explaining how much your medical care will cost. This new regulation is designed to provide transparency to patients regarding their expected medical expenses and to protect them from surprises when they receive their medical bills. It allows patients to understand how much their health care will cost before they receive services.

There are a number of factors that make it challenging to provide an estimate on how long it will take for a client to complete therapeutic treatment, and much depends on the individual client and their goals in seeking therapy. Some clients are satisfied with a reduction in symptoms while others continue longer because it feels beneficial to do so. Others begin to schedule less frequently, and may continue to come in for "tune ups" or when issues arise. Ultimately, as the client, it is your decision when to stop therapy.

At Wayfind Counseling LLC, the decision of whether or not to apply a diagnosis to each individual case will be based on ethical, legal, and insurance guidelines as well as required by the "No Surprises Act". A formal diagnosis occurs after an assessment has been completed. That may take place across the first 1-5 sessions after beginning psychotherapy. If you choose to decline a formal diagnosis, we will not update the GFE. It is within your rights to decline a diagnosis per state and federal guidelines. Diagnosis codes can also change as your symptoms change, or as awareness of symptoms develop and this will be discussed with you as clinically appropriate and an updated GFE provided if necessary.

Every client's therapy journey is unique and how long you need to engage in therapy and how often you attend sessions will be influenced by many factors including your schedule and life circumstances, therapist availability, ongoing life challenges, the nature of your specific challenges and how you address them, and

your personal finances. You and your therapist will continually assess the appropriate frequency of therapy and will work together to determine when you have met your goals and are ready for discharge and/or a new "Good Faith Estimate" will be issued should your frequency or needs change.

According to the American Psychological Association, "on average 15 to 20 sessions are required for 50 percent of patients to recover as indicated by self-reported symptom measures". Additionally, they state that through the working relationship between the client and counselor sometimes the preference is for "longer periods (e.g., 20 to 30 sessions over six months), to achieve more complete symptom remission and to feel confident in the skills needed to maintain treatment gains". Like any other relationship, it takes time to develop a therapeutic relationship with your counselor and identify your treatment goals, establish a plan of action, and work towards accomplishing them. Whatever your number of sessions will be, we will work together to meet your needs.

Based on this factor, a guide has been created to estimate what the services offered by Kimberly Bechtel LMHC, ATR at Wayfind Counseling LLC would cost based on weekly therapy over the course of different time periods. These examples are provided to give the idea of the financial expectations across a calendar year but the frequency and duration of your treatment is based on your individual needs and goals.

| | Individual Therapy (60 Minutes) 90837 | Group Therapy 90 minutes 90853 | Group Screen & Brief Intake (45 min) 90834 |
|---|---|--------------------------------------|--|
| Single Appointment | \$125 | \$40 | \$50 |
| 4 Appointments or 1 month of Weekly Sessions | \$500 | \$160 | N/A |
| 3 Months of Weekly Sessions (estimated 12) | \$1,500 | \$480 | N/A |
| 6 Months of Weekly Sessions (estimated 24) | \$3,000 | \$960 | N/A |
| 9 Months of Weekly Sessions (estimated 36) | \$4,500 | \$1,440 | N/A |
| 12 months of weekly sessions (estimated 48) | \$6,000 | \$1,920 | N/A |
| 12 months of weekly sessions (estimated 52) | \$6,500 | \$2,080 | N/A |

This document is an estimate and is subject to change and this is not a contract. There may be additional items or services not contained in this document. You have the right to dispute process if actual billed charges are \$400 more than the expected charges. The estimated costs are valid for 12 months from the date of the good faith estimate.

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, and does not include any unknown or unexpected costs that may arise during treatment.

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

Throughout your treatment, the provider may recommend additional items or services as part of your treatment that are not reflected in this estimate. These would need to be scheduled separately with your consent and the understanding that any additional service costs are in addition to the Good Faith Estimate.

If your needs change during treatment, your provider should supply a new, updated Good Faith Estimate to reflect the changes to treatment, and the accompanying cost changes.

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.

The Good Faith Estimate is not a contract between provider and client and does not obligate or require the client to obtain any of the listed services from the provider.

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.

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.

To learn more and get a form to start the process,
go to www.cms.gov/nosurprises/consumers or call 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/consumers, email FederalPPDRQuestions@cms.hhs.gov, or call 1-800-985-3059.

Wayfind Counseling LLC provides transparency in our billing practices by displaying our fee schedule within our Informed Consent for treatment and Practice Policies documents provided to clients prior to first session and made available via the website. Please know that the Good Faith Estimate does not change any agreements you have already made with us in regard to self pay. Your review of this form and signature is required so that we can demonstrate our compliance with the mandate. Thank you!