Good Faith Estimate

** indicates a required field*

This estimate is valid for Shawna Williams, LCSW and for one year from date of signature

PROVIDER INFO

Shawna Williams, LCSW #53309
NPI 1619496031
3625 Menchaca Suite 202
Austin, TX 78704
shawnawilliamslcsw@shawnawilliamscounseling.com
737-279-5100 business phone
737-279-9585 fax

* Todays Date

* Please complete the following information

Full Name

Date of Birth

City, State

*** Diagnosis* *Patient diagnosis code listed below is not a determination of the patient's actual diagnosis and is only stated for the purpose of establishing this Good Faith Estimate. Additional assessment and evaluation are needed in order to determine actual diagnosis. Mental Health diagnosis is not a factor in determining the costs in psychotherapy—only length of session and the frequency of sessions determine your estimate.**

- [ ] Anxiety
- [ ] Depression
- [ ] ADHD
- [ ] Borderline Personality
- [ ] Bipolar
- [ ] PTSD
- [ ] OCD
- [ ] Other
- [ ] No prior diagnosis

*** Choose which situation best describes you.**

- ○ I don't have insurance coverage and self-paying to cover therapy costs
- ○ I'm choosing to opt out of using insurance and to self-pay to cover therapy costs
- ○ Shawna Williams, LCSW is not in network with my insurance plan
- ○ I'm using EAP benefits (this form is not applicable to you, signature still needed)

You have the right to receive a "Good Faith Estimate" explaining how much your medical and mental health care will cost. Under the law, health care providers need to give patients who don't have insurance or who are not using insurance an estimate of the expected charges for medical services, including psychotherapy services.

You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency healthcare services, including psychotherapy services.

You can ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule a service.

You are entitled to receive this "Good Faith Estimate" of what the charges could be for psychotherapy services provided to you. While it is not possible for a psychotherapist to know, in advance, how many psychotherapy sessions may be necessary or appropriate for a given person, this form provides an estimate of the cost of services provided. Your total cost of services will depend upon the number of psychotherapy sessions you attend, your individual circumstances, and the type and amount of services that are provided to you.

This estimate is not a contract and does not obligate you to obtain any services from the provider(s) listed, nor does it include any services rendered to you that are not identified here.
This Good Faith Estimate is not intended to serve as a recommendation for treatment or a prediction that you may need to attend a specified number of psychotherapy visits. The number of visits that are appropriate in your case, and the estimated cost for those services, depends on your needs and what you agree to in consultation with your therapist. You are entitled to disagree with any recommendations made to you concerning your treatment and you may discontinue treatment at any time.

The rate for a 60-minute psychotherapy visit (in-person or via telehealth) is $140 unless another agreement has been arranged. Most clients will attend one psychotherapy visit per week, but the frequency of psychotherapy visits that are appropriate in your case may be more or less than once per week, depending upon your needs.

Based upon a fee of $140 per visit see estimated costs below based on length of time and frequency:
1 year of weekly visits= $7280 of biweekly visits= $3640
6 months of weekly visits= $3640 of biweekly visits= $1820
3 months of weekly visits= $1680 of biweekly visits= $840
1 month of weekly visits= $560 of biweekly visits= $280

2022 Fee Schedule
Intake Evaluation CPT 90791 $175
60 min individual psychotherapy session CPT 90837 $140
45 min individual session CPT 90834 $120
Late Cancellation Fee $140
No Show fee $140
Good Faith Estimate Dispute Fee $25
Medical Records Request $25
Returned Check/Insufficient Funds $25
Administrative time to complete requested services outside of therapy sessions: patient documentation, attend court hearing, provide court testimony, psychological written reviews, consultation on your behalf, disability paperwork, FMLA paperwork, emotional support animal letter. Pro-rated fee of $140 per hour with minimum of 15 min charge

15 min-$35 75 mins-$175 2 hr-$280 10 hrs -$1400
30 min-$70 90 mins-$210 3 hrs-$420
60 min-$140 105 mins-$245 5 hrs-$560

If applicable, you may be responsible for paying for associated costs listed above in the 2022 Fee Schedule.

You have a right to initiate a dispute resolution process if the actual amount charged to you substantially exceeds the estimated charges stated in your Good Faith Estimate ($400 or more beyond the estimated charges).

By signing below, I understand and agree to the following:
1. You are indicating that you have reviewed the information on good faith estimates and have received the estimate for what your mental health services may cost you for the year of 2022 for Shawna Williams, LCSW.
2. I may get a bill for the full charges for these items and services, or have to pay out-of-network cost-sharing under my health plan.
3. I was given a written notice on 01/07/2021 explaining the estimated cost of services, and what I may owe if I agree to be treated by this provider.
4. I fully and completely understand that some or all amounts I pay might not count toward my health plan's deductible or out-of-pocket limit.

* **I agree and understand the information listed above.** _____

I consent to sharing information provided here.

For questions or more information about your right to a Good Faith Estimate, visit www.cms.gov/nosurprises.

To save a copy of this estimate, please print the document or print as a PDF on your device.