

Laurie Ganberg, LICSW, PMH-C
Fiddlehead Therapy, PLLC
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GOOD FAITH ESTIMATE

Under the “[No Surprises](#)” law, health care 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.

ESTIMATE

The first appointment is billed using a CPT code of 90791 (“*initial psychiatric diagnostic evaluation*”). Ongoing therapy sessions that are 38-52 minutes are billed with a CPT code of 90834; or for longer than 53 minutes, CPT code 90837. These appointments are all \$175.

It’s impossible to say how long you will be in therapy and the decision to stop therapy is always up to you. It often takes 10-12 sessions to make good progress in therapy, though there are times I see clients for fewer sessions, and other times that clients need or choose to keep working with me for more sessions, and **you always determine your length and course of treatment**. If you do not attend an appointment or if you cancel with less than 24 hours notice, you will be responsible for the no show/late cancellation fee of the full session fee (\$175).

For this estimate, the estimated cost of weekly therapy appointments for 12 weeks would be (12 x \$175) = \$2100. Please remember that this is not a contract requiring you to attend this number of sessions, and that this estimate does not require you to obtain or continue psychotherapy or other services from me. The information provided in this Good Faith Estimate is only an estimate and actual terms, services, or charges may differ from the Good Faith Estimate; there may be additional items or services that I recommend as part of the treatment that will be scheduled separately and are not reflected in this Good Faith Estimate.

DIAGNOSIS

The Good Faith Estimate requires that I give you a diagnosis; however it's unethical for therapists to diagnose before meeting clients. If I assign you a diagnosis, we will discuss this in therapy.

PROVIDER INFORMATION

Provider name: Laurie Ganberg, LICSW at Fiddlehead Therapy, PLLC
Address: 21907 64th Ave W, Suite 330, Mountlake Terrace, WA 98043
Phone: 425-434-5594
Email: laurie@laurieganberg.com
National Provider Identifier (NPI): 1003684432
Taxpayer Identification Number (TIN): 93-3929216

Disclaimers

- This Good Faith Estimate shows the costs of services that are reasonably expected for your health care needs at the time of initial evaluation. 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. The actual services or charges may differ from what is included in the Good Faith Estimate.
- If the billed charges differ substantially from the expected charge in the Good Faith Estimate, you have the right to dispute (appeal) the bill. "Substantially exceeds" means an amount that is at least \$400 more than the expected charge.
- You may contact the provider 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.

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