**Another Road Counseling LLC**

**Abigail DuPree, LMSW**   
31580 Schoolcraft Rd, Livonia, MI 48150

Phone: 248-779-6364 Fax: 734-422-1330

**GOOD FAITH ESTIMATE**

Client Name: Date of Good Faith Estimate:

Client Date of Birth: Expiration Date:

Provider name: Abigail DuPree, LMSW

Michigan License#: 6801086606

NPI#: 1366755969

EIN#: 47-4034930

Effective January 1, 2022, a ruling went into effect called the “No Surprises Act,” which requires mental health practitioners to provide a “Good Faith Estimate” (GFE) about out-of-network care to any patient who is uninsured or who insured but does not plan to use their insurance benefits to pay for health care items and/ or services.

This Good Faith Estimate explains the rates for services that are reasonably expected during your mental health treatment. Your therapist will collaborate with you throughout your treatment to determine the frequency of visits, length of treatment and the decision to discontinue; all of which will impact this estimate. The final right to make these decisions is always yours.

There may be additional items or services recommended as part of the treatment that will be scheduled separately and are not reflected in the good faith estimate. The information provided in the good faith estimate is only an estimate and actual items, services, or charges may differ from the good faith estimate. This good faith estimate does not require you to obtain mental health treatment or other services. You and your therapist will agree on a final cost for commonly provided services below:  
  
90791 Initial evaluation between $60 and $200 one time  
90834 45 minute session between $60 and $185 each visit  
90837 60 minute session between $60 and $200 each visit

90847 Family session between $60 and $200 each visit

This estimate is based on one calendar year of treatment. You may project any potential future cost(s) by multiplying the session fee by the total number of sessions. This will result in your total estimated cost for mental health service(s). One year of services will cost approximately between $3,000 and $10,000 based on 50 sessions (includes initial visit). Fewer sessions will cost less.

At Another Road Counseling, LLC, a client is not diagnosed until seen for an initial intake session. Clients are not typically diagnosed until the therapist believes a specific diagnosis to be accurate after a mental health evaluation with the client has been completed, and only if it is in the client's best interest to receive a mental health diagnosis. Common diagnostic codes used at Another Road Counseling, LLC (list is not comprehensive):

F43.21 Adjustment Disorder w/depressed mood

F43.22 Adjustment Disorder w/anxiety

F43.23 Adjustment Disorder w/mixed anxiety & depressed mood

F41.1 Generalized Anxiety Disorder

F33.0 Major Depressive Disorder

F43.10 PTSD

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 (which means $400 or more beyond the estimated charges per services rendered).

You are encouraged to speak with your provider at any time about any questions you may have regarding your treatment plan, or the information provided to you in this Good Faith Estimate. Keep a copy of this Good Faith Estimate in a safe place or take a picture of it.  
  
Further information about your right to a Good Faith Estimate and the GFE dispute process is available at [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises).

IMPORTANT:

While I am not required to sign this form, I acknowledge that the provider may not treat me. I have the right to choose to get care from a provider and/or practice that is within my health plan’s network. With my signature for this Good Faith Estimate, I acknowledge that I have received, reviewed, understand and agree with this document.

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

01/22