

113 Bulifants Blvd Ste C
Williamsburg, VA 23188
Phone 757-707-8146
therapyowls.com
admin@therapyowls.com



Dr. Kathryn Goss Atanasov
Williamsburg, VA 23188
Phone 757-707-8146
therapyowls.com
drkathy@therapyowls.com

Good Faith Estimate

Date of Good Faith Estimate: ___/___/___

This estimate is for psychotherapy services through [Date: _____]

Brief explanation of estimate for new patients:

The estimate below is the range of costs that is likely for most new patients. Until a clinician does an initial evaluation, and you start to work together, Therapy Owls will not have a clear picture of your specific diagnosis, issues, and needs. Therapy Owls typically sees therapy patients for 1-12 sessions for a total cost of \$250-2100. In many cases a patient's issues may be more complicated, so we may need additional sessions during the time covered by this estimate.

Brief explanation for continuing patients: The estimate below is the range of costs Therapy Owls' thinks is likely for your care over the time period covered by this estimate. However, depending on how treatment progresses, more or fewer sessions may be needed.

Contact: If you have questions about this estimate, please contact Therapy Owls about the GFE at admin@therapyowls.com or 757-707-8146.

Details of the Estimate

The following is a detailed list of expected charges for psychological services scheduled for [date or dates]. The estimated costs are valid for 12 months from the date of this Good Faith Estimate, unless Therapy Owls sends you an updated Estimate.

| Service | Diagnosis Code (ICD code once determined) | Service code | Quantity (# of sessions or units. Give number or range) | Cost per unit | Expected cost |
|--------------------|---|--------------------|---|---------------|---------------|
| Initial evaluation | | 90791 | 1 | \$250 | \$250 |
| Psychotherapy | | 90837 and/or 90834 | 12 | \$175 | \$2100 |
| | | | | | |

Total estimated cost: \$ 250-2100

Practice: Therapy Owls LLC / NPI 2: 129 546 0129 / TIN: 853944181

Clinician Name: _____

Clinician NPI number: _____ TIN: _____

Address of office from which services will be provided: 113 C Bulifants Blvd, Williamsburg VA 23188

Patient information:

Patient name _____ DOB _____

113 Bulifants Blvd Ste C
Williamsburg, VA 23188
Phone 757-707-8146
therapyowls.com
admin@therapyowls.com



Dr. Kathryn Goss Atanasov
Williamsburg, VA 23188
Phone 757-707-8146
therapyowls.com
drkathy@therapyowls.com

Disclaimer

This Good Faith Estimate shows the costs of services that are reasonably expected for the expected services to address your mental health care needs. The estimate is based on the information known to [us/me] when [we/I] did the estimate.

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 \$400 more (per provider) than this Good Faith Estimate (GFE), you have the right to dispute the bill.

You may contact Therapy Owls at the contact listed above to let them know the billed charges are at least \$400 higher than the GFE. You can ask them to update the bill to match the GFE, 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 GFE. 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 or call CMS at 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 or call CMS at 1-800-985-3059.

This GFE is not a contract. It does not obligate you to accept the services listed above.

Keep a copy of this Good Faith Estimate (GFE) in a safe place or take pictures of it. You may need it if you are billed more than \$400 than the estimate provided above.