



**ENVISION**  
COUNSELING CLINIC

720-WELCOME

www.EnvisionClinic.com

**Good Faith Estimate DATE \_\_\_\_\_**

Section 2799B-6 of the Public Health Service Act requires us to provide a Good Faith Estimate of services you may receive at Envision Counseling Clinic. Your therapist can help you complete this form.

Client name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Diagnosis Code (if applicable): \_\_\_\_\_ Date of Intake: \_\_\_\_\_

**Primary Service expected (please check one):**

- |   |  |
|---|--|
| <input type="checkbox"/> Individual Therapy (90834; 45 minutes) | <input type="checkbox"/> Individual Supervision (45 minutes) |
| <input type="checkbox"/> Group Therapy (90853; 90 minutes)      | <input type="checkbox"/> Group Supervision (90 minutes)      |
| <input type="checkbox"/> Family Therapy (90847; 60 minutes)     | <input type="checkbox"/> Assessment (separate GFE required)  |

**45-minute Individual Session Fees for Envision Counseling Clinic (TIN: 47-2728441)**

Check to indicate primary provider	Provider Name	NPI #	Session Fee	Check to indicate primary provider	Provider Name	NPI #	Session Fee
	Michelle Anderson	1043852221	\$155		Catherine Scholz	1215381041	\$155
	Marissa Halstead	1093459380	\$155		Timi Schuessler	1104074988	\$155
	Shae Hocker	1174206130	\$155		Jessica Snedker	1437616463	\$155
	Veronica Johnson	1487844882	\$170		Ann Stager	1396156162	\$130
	Joy McGowan	1598482259	\$130		Natalie Van Dusen	1346535689	\$170
	Courtney McHale	1043081565	\$130		Kara Delmonico	1659102028	\$60
	Randy Reed	1144832965	\$155		Kaleb Jones	1225860794	\$60
	Darla Schmidt	1497081483	\$155		Group Therapy	varies	\$65

**60- minute Family or Couple Session Fees for Envision Counseling Clinic (TIN: 47-2728441)**

Check to indicate primary provider	Provider Name	NPI #	Session Fee	Check to indicate primary provider	Provider Name	NPI #	Session Fee
	Michelle Anderson	1043852221	\$180		Catherine Scholz	1215381041	\$180
	Marissa Halstead	1093459380	\$180		Timi Schuessler	1104074988	\$180
	Shae Hocker	1174206130	\$180		Jessica Snedker	1437616463	\$180
	Veronica Johnson	1487844882	\$195		Ann Stager	1396156162	\$155
	Joy McGowan	1598482259	\$155		Natalie Van Dusen	1346535689	\$195
	Courtney McHale	1043081565	\$155		Kara Delmonico	1659102028	\$60
	Randy Reed	1144832965	\$180		Kaleb Jones	1225860794	\$60
	Darla Schmidt	1497081483	\$180				

How long and how frequent you engage in therapy sessions is ultimately determined by the client. Treatment length and session frequency are influenced by many factors, including your schedule and life circumstances, your budget, therapist availability, life challenges, the nature of your specific challenges, and how you address your challenges.



## Good Faith Estimate

This Good Faith Estimate is good for 12 months from the date it was issued. If your care extends beyond one year, you will be given a new estimate. All sessions require separate scheduling and are done with your provider. Scheduling with your provider indicates that you are consenting to another session at the session cost listed here. Clients may receive these services at one or more of the following locations.

734 Wilcox St., Ste 202  
Castle Rock, CO 80104

7200 S. Alton Wy Ste A120  
Centennial, CO 80112

355 LaBonte St.  
Dillon, CO 80435

The Good Faith Estimate is not a contract and does not require the client to obtain services from any of the providers or facilities identified in the Good Faith Estimate. In addition, the Good Faith Estimate does not require the provider or facility to provide the services listed.

### Disclaimers

Your provider may recommend additional services that must be scheduled or requested separately. The Good Faith Estimate does not include additional fees that can be incurred during the course of treatment, such as cancellation fees, no-show fees, letter writing, phone calls, and the like. 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. If complications or special circumstances occur, you could request more services and then be charged more.

The client has the right to initiate the client-provider dispute resolution process if the actual billed charges are over \$400 more than the expected charges included in the Good Faith Estimate. You may contact Envision Counseling Clinic 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. To learn more and get a form to start the process, go to [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) or call the Health and Human Services at 1-877-696-6775.

734 Wilcox St. Suite 202      Castle Rock  
7200 S. Alton Way, Suite A-120      Centennial  
355 LaBonte St.      Dillon