New Growth STA, LLC

*Good Faith Estimate

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, or ethical, 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 full fee for a 50-minute psychotherapy visit (in-person or via telehealth) with a licensed clinician (LMFT, LMHC, or LCSW) is $150-$160. The full fee for a 50-minute psychotherapy visit (in-person or via telehealth) with a pre-licensed registered intern is $120. The full fee for a 50-minute psychotherapy visit (in-person or via telehealth) with a graduate student intern is $50.

Most clients will attend one psychotherapy visit per week, but the frequency of psychotherapy visits that are appropriate in your case may be more of less than once per week, depending upon your needs. If you attend therapy for a longer period, your total estimated charges will increase according to the number of visits and length of treatment.

Based on a fee of $150 per visit with a licensed clinician, the following are expected charges of psychotherapy services:

Number Of Weeks & Total Estimated Charges for 1 session per week/2 sessions per week:

1 Week of Service- $150/$300
13 Weeks of Service (Approx. 3 Months)- $1,950/3,900
26 Weeks of Service (Approx. 6 Months)- $3,900/$7,800
39 Weeks of Service (Approx. 9 Months)- $5,850/$11,700
52 Weeks of Service (Approx. 12 Months)- $7,800/$15,600

Based on a fee of $160 per visit with a licensed clinician, the following are expected charges of psychotherapy services:

Number Of Weeks & Total Estimated Charges for 1 session per week/2 sessions per week:

1 Week of Service- $160/$320
13 Weeks of Service (Approx. 3 Months)- $2,080/$4,160
26 Weeks of Service (Approx. 6 Months)- $4,160/$8,320
39 Weeks of Service (Approx. 9 Months)- $6,240/$12,480
52 Weeks of Service (Approx. 12 Months)-$8,320/$16,640

Based on a fee of $120 per visit with a pre-licensed clinician, the following are expected charges of psychotherapy services:

Number Of Weeks & Total Estimated Charges for 1 session per week/2 sessions per week:

1 Week of Service- $120/$240
13 Weeks of Service (Approx. 3 Months)- $1,560/$3,120
26 Weeks of Service (Approx. 6 Months)- $3,120/$6,240
39 Weeks of Service (Approx. 9 Months)- $4,680/$9,360
52 Weeks of Service (Approx. 12 Months)-$6,240/$12,480

Based on a fee of $50 per visit with a graduate student intern, the following are expected charges of psychotherapy services:

Number Of Weeks & Total Estimated Charges for 1 session per week/2 sessions per week:

1 Week of Service- $50/$100 13 Weeks of Service
13 Weeks of Service (Approx. 3 Months)- $650/$1,300
26 Weeks of Service (Approx. 6 Months)- $1,300/$2,600
39 Weeks of Service (Approx. 9 Months)- $1,950/$3,900
52 Weeks of Service (Approx. 12 Months)- $2,600/$5,200
New Growth STA, LLC
Address: 150 Southpark Blvd, Suite 208 St Augustine, FL 32086
Phone: (904) 999-4626
Tax ID #: 86-3291086
NPI #: 1457147076

Please complete the following:

Clients Name:

Address:

Phone Number:

Email:

Services Requested:
☐ Individual Therapy
☐ Family Counseling
☐ Couples Counseling

There may also be additional costs associated with additional services you may request your therapist to provide. Here is a typical fee schedule for the services New Growth STA, LLC typically offers:

The full fee for a 50-minute psychotherapy visit (in-person or via telehealth) with a licensed clinician (LMFT, LMHC, or LCSW) is $150-$160. The full fee for a 50-minute psychotherapy visit (in-person or via telehealth) with a pre-licensed registered intern is $120. The full fee for a 50-minute psychotherapy visit (in-person or via telehealth) with a graduate student intern is $50.

Service code (CPT Code) - Description - Fee for Service:

90791 Initial Diagnostic Evaluation $50-$160
90834 Individual Psychotherapy, 38-52 minutes $50-$160
90846 Family Psychotherapy without Patient Present, 50 minutes $50-$160
90847 Family Psychotherapy with Patient Present, 50 minutes $50-$160

Cancelation Fee - Your Therapist Requires a 24-Hour Cancellation Fee- All clients, sliding-scale, or full paying clients, will be charged this fee for late cancellations/no-shows $100

Returned Checks- $25.00 per check
Legal Fees- Court Attendance, depositions, etc. You will be charged a minimum of 8 hours/day each day of attendance. $200.00 per hour- 8 hours per day minimum

Psychiatry- If you request your therapist to join a Psychiatric Evaluation or a Medication Management appointment, $75 per 30 minutes

IEP Consults- If your therapist is attending an IEP meeting, providing IEP consultation, etc.- $25 per 15 minutes

Phone Consults- Phone consults with parents, case managers, school staff, etc.- $25.00 per 15 minutes

Professional Consultation- $75 per 30 minutes

Travel Time- $25.00 per 15 minutes

Written Letters- $25.00 per Letter

I have read and understand the additional costs associated with additional services, as outlined above. By checking this, you are eSigning this form. 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). You may contact the health care provider or facility listed 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. To learn more and get a form to start the process, go to www.cms.gov/nosurprises or call HHS at (800) 368-1019. 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. 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. By signing

below, I acknowledge that I have been provided with a Good Faith Estimate and understand that I may speak directly with my provider at any time about any questions I may have regarding my treatment plan, or the information provided to me in this Good Faith Estimate. This Good Faith Estimate is valid for 12 months from date it is signed.

Signature Date