Good Faith Estimate (GFE)

Client Name: Preview

In compliance with the No Surprises Act that went into effect January 1, 2022, all healthcare providers are required to notify clients of their Federal rights and protections against “surprise billing.”

What is the No Surprises Act?

The No Surprises Act (Title 45, section 149.610 of the Code of Federal Regulations) was enacted with the primary goal of protecting clients from unexpected medical bills. These surprise bills often occurred when a client received emergency care at an in-network hospital or clinic, but an out-of-network physician provided the service and billed the client separately.

This YouTube video describes the law well. It was published by the US Department of Health and Human Services.
https://www.youtube.com/watch?v=JMDEykNNZa8&t=124s

So, what does this have to do with private therapy practitioners?

It is true that most of the Act focuses on emergency services and out-of-network providers at in-network facilities. However, there are sections that apply to ALL healthcare providers as applied below:

Provider:

Gail Kirk Poust, LMFT

NPI: 1619351129

EIN: 42-2029187

License: CA LMFT 128899

Where services will be rendered:

Online: Through a secure, HIPAA-compliant video-based platform

Client Name

Date of Birth

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 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.

There may be additional items or services I may recommend as part of your care that must be scheduled or requested separately and are not reflected in this good faith estimate. 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.

You have the 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).

For questions or more information about your right to a Good Faith Estimate or the dispute process, visit https://www.cms.gov/nosurprises/consumers or call 1- 800-985-3059. The initiation of the patient-provider dispute resolution process will not adversely affect the quality of the services furnished to you.

The fee for a 53-minute psychotherapy visit (in-person or via telehealth) is $180. Most clients will attend one psychotherapy visit per week, but the frequency of psychotherapy visits that are appropriate in your case may be more or less than once per week, depending upon your needs. Based upon a fee of $180 per visit, if you attend one psychotherapy visit per week, your estimated charge would be $720 for four visits provided over the course of one month; $1440 for eight visits over two months; or $2160 for 12 visits over three months. If you attend therapy for a longer period, your total estimated charges will increase according to the number of visits and length of treatment.

There may be additional fees beyond the session fee. For example, missed sessions and sessions cancelled less than 24 hours in advance have a $100 cancelation fee. If you are requesting letters to document your treatment there ls also a fee that ranges from $50 to $300 depending on the nature of the letter. Calls to coordinate care with your doctor also have a fee based on length of call. Please see your therapy contract for details.

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.

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.

This estimate is not a contract and does not obligate you to obtain any services from the provider listed.

By signing below, I acknowledge receipt of this GFE.

Full Name

Today's Date

Submitted by **gailpoustlmft@gmail.com**
August 6, 2026 at 6:56 PM
IP address: 172.31.91.184