



## PRACTICE AND PROVIDER INFORMATION

### Practice

*Name:* Friedman Counseling Services, LLC || *Location:* 101 E. College Avenue, Westerville, OH 43081 || *Tax ID:* 85-1239306

### Provider #1

*Name:* Ruth E. Friedman || *License Numbers:* IMFT, #F.2200286; LPC, #C.1902060 || *NPI:* 1467071944

*Licenses:* Independent Marriage and Family Therapist (IMFT) and Licensed Professional Counselor (LPC)

*Licensing Board:* Ohio Counselor, Social Worker & Marriage and Family Therapist Board

### Provider #2

*Name:* Jack Hambrick || *License Number:* M.2300355-TRNE

*License:* Marriage and Family Therapist Trainee (MFT-TRNE)

*Licensing Board:* Ohio Counselor, Social Worker & Marriage and Family Therapist Board

## INFORMATION ABOUT THIS GOOD FAITH ESTIMATE

- You are entitled to receive this "Good Faith Estimate" of what the charges could be for the counseling services provided to you. While it is not possible for your therapist to know, in advance, how many sessions may be necessary or appropriate for a client receiving counseling services, this form provides an estimate of the cost of services provided. Your total cost of services will depend upon the number of counseling sessions you attend, your unique circumstances, and the type and amount of services provided.
- Your therapist may recommend additional items or services as part of the counseling process 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 therapist listed above, 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.

## GOOD FAITH ESTIMATE

### For Individual Counseling Services

The following Good Faith Estimate applies to Individual Counseling Services delivered (a) via telehealth and (b) through in-person sessions. The fee for a 55-minute Intake Session is \$90. The fee for a 55-minute Regular Session is \$80. Most individual clients participate in an Intake Session followed by once-weekly Regular Sessions. On occasion, if both the individual client and therapist agree, the client's once-weekly session may be a 28-minute Half Session at a cost of \$40; an 83-minute Extended Session at a cost of \$120; or a 55-minute Joint Individual Session attended by the individual client and another person at a cost of \$90.

Note: The frequency, length, and kinds of sessions that are appropriate in your case may be more or less than once per week, depending on your needs. Based on the above-mentioned fees, the following are expected charges for **Individual Counseling Services**:

- 13 WEEKS OF SERVICE (approximately 3 months)  
\$90 (for Intake Session) + \$40-\$120 (for 12 weeks of once-weekly Half, Regular, and/or Extended Sessions) = \$570 to \$1,530
- 26 WEEKS OF SERVICE (approximately 6 months)  
\$90 (for Intake Session) + \$40-\$120 (for 25 weeks of once-weekly Half, Regular, and/or Extended Sessions) = \$1090 to \$3,090
- 39 WEEKS OF SERVICE (approximately 9 months)  
\$90 (for Intake Session) + \$40-\$120 (for 38 weeks of once-weekly Half, Regular, and/or Extended Sessions) = \$1610 to \$4,650
- 52 WEEKS OF SERVICE (approximately 12 months)  
\$90 (for Intake Session) + \$40-\$120 (for 51 weeks of once-weekly Half, Regular, and/or Extended Sessions) = \$2,130 to \$6,210

### For Couple's Counseling Services

The following Good Faith Estimate applies to Couple's Counseling Services delivered (a) via telehealth and (b) through in-person sessions. Most partners participate in a joint 55-minute Intake Session, which is \$100. In the week following the Intake Session, most partners participate in a 55-minute Individual Session. The cost of each Individual Session is \$80. Then, most partners attend a joint, 55-minute Couple's Session on a weekly basis. The cost of each Couple's Session is \$90. On occasion, if both the partners and the therapist agree, these weekly, joint sessions may be 83-minute Extended Couple's Session, at a cost of \$135 per session. In addition, if both the

partners and the therapist agree, some partners may participate in additional 55-minute Individual Couple’s Sessions over the course of treatment.

Note: The frequency, length, and kinds of sessions that are appropriate in your case may be more or less than once per week, depending on your needs. Based on the above-mentioned fees, the following are expected charges for **Couple’s Counseling Services**:

- 13 WEEKS OF SERVICE (approximately 3 months)  
\$100 (Intake Session) + \$160 (two Individual Sessions) + \$90-\$135 (12 weeks of Couple’s Sessions and/or Extended Couple’s Sessions) = \$1,340 to \$1,880
- 26 WEEKS OF SERVICE (approximately 6 months)  
\$100 (Intake Session) + \$160 (two Individual Sessions) + \$90-\$135 (25 weeks of Couple’s Sessions and/or Extended Couple’s Sessions) = \$2,510 to \$3,635
- 39 WEEKS OF SERVICE (approximately 9 months)  
\$100 (Intake Session) + \$160 (two Individual Sessions) + \$90-\$135 (38 weeks of Couple’s Sessions and/or Extended Couple’s Sessions) = \$3,680 to \$5,390
- 52 WEEKS OF SERVICE (approximately 12 months)  
\$100 (Intake Session) + \$160 (two Individual Sessions) + \$90-\$135 (51 weeks of Couple’s Sessions and/or Extended Couple’s Sessions) = \$4,850 to \$7,145

**Additional Note for Both Individual and Couple’s Counseling Services**

Note: 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 sessions as part of the individual and/or couple’s counseling process. The number of sessions 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 treatment and you may discontinue treatment at any time.

You are encouraged to speak with your therapist at any time about any questions you may have regarding your treatment plan, or the information provided to you in this Good Faith Estimate.

**TIMING REQUIREMENTS FOR GOOD FAITH ESTIMATES**

- If the item or service is scheduled at least 10 business days in advance, the good faith estimate must be provided within three business days.
- If the item or service is scheduled at least three business days in advance, the good faith estimate must be provided within one business day.
- If the individual requests such information, the good faith estimate must be provided within three business days.
- No good faith estimate is required if a service is scheduled less than three business days before the appointment.

**CLIENT ACKNOWLEDGEMENT OF RECEIPT OF THIS GOOD FAITH ESTIMATE**

I, the below-listed client, acknowledge the following, on TODAY’S DATE:

- A. I acknowledge that I have received, read, understood, and had the opportunity to contact my therapist with questions/concerns about this Good Faith Estimate for Counseling Services.
- B. I acknowledge that this Good Faith Estimate for Counseling Services refers ONLY to the 12 months of treatment from TODAY’S DATE.
- C. I acknowledge and understand that my therapist will provide me with a new Good Faith Estimate should treatment continue beyond 12 months from TODAY’S DATE.
- D. I acknowledge and understand that I may request a copy of this dated and signed Good Faith Estimate from my therapist at any time during the 12 months from TODAY’S DATE.

**MY SIGNATURE INDICATES MY ACKNOWLEDGEMENT OF A – D ABOVE AND MY RECEIPT OF THIS GOOD FAITH ESTIMATE.**

Print Client Full Name \_\_\_\_\_ Date of Birth (XX/XX/XXXX) \_\_\_\_\_

Address (# Street, City, State, Zip) \_\_\_\_\_

Signature \_\_\_\_\_ Today’s Date (XX/XX/XXXX) \_\_\_\_\_