

GOOD FAITH ESTIMATE

PROVIDER INFORMATION	
Name: Dr. Adela Gharabeki, PsyD	National Provider Identifier: 1679121784
CA Psychologist License # PSY 34379	Tax Identification Number: 93-2490074
Phone: (818) 233 - 0583	Location of Service: 600 N Rosemead Blvd Suite #204 Pasadena, CA 91107
Email: contact@drgharabeki.com	

You are entitled to receive this Good Faith Estimate of your potential charges 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. This estimate is not a contract and does not obligate you to obtain any services from the provider listed, nor does it include any services rendered to you that are not identified here. This good faith estimate is valid for 12 months.

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 the services, depends on your needs and what you agreed 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.

Included in your new client paperwork is an overview of my current professional fees. 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 or desires. Based on a fee of \$225 for the initial intake and subsequent individual therapy sessions, the following are expected charges for services:

Number of Weeks	Total Estimated Charges for 1 Session/Week
1 Week of Service	\$225
13 Weeks of Service (Approx. 3 months)	\$2,925
26 Weeks of Service (Approx. 6 months)	\$5,850
39 Weeks of Service (Approx. 9 months)	\$8,775
52 Weeks of Service (Approx. 12 months)	\$11,700

You have a right to initiate a dispute resolution process with U.S. Department of Health and Human Services (HHS) if the actual amount charged to you substantially exceeds the estimated charge as stated in your Good Faith Estimate (which means \$400 or more beyond the estimated charges). If you choose to utilize this dispute option, you will be required to submit your claim within 120 calendar days from the date of your first bill. There will be a \$25 fee to utilize HHS dispute process. If the agency reviewing your claims agrees with you, you will have to pay the price of the Good Faith Estimate. If the agency disagrees with you and agrees with your healthcare provider, you will be required to pay the full 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. Please visit www.cms.gov/nosurprises For more information or to start your dispute claim.