

THUNDERSTORM THERAPY

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GOOD FAITH ESTIMATE

Under Section 2799B-6 of the Public Health Service Act (No Surprises Act), you have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency healthcare services, including psychotherapy.

CLIENT INFORMATION

Client Name _____

Date of Birth _____

Date of Estimate _____

ESTIMATED SERVICES AND COSTS

Service	CPT Code	Rate per Session	Est. Sessions	Est. Total
Individual therapy (50 min)	90837	\$120.00		
Couples therapy (50 min)	90847	\$135.00		
Family therapy (50 min)	90847	\$125.00		
Initial intake/assessment	90791	\$120.00	1	\$120.00

IMPORTANT NOTES

- This estimate is based on information known at the time of preparation. Actual costs may differ.
- The frequency and number of sessions is determined collaboratively and may change based on your needs and progress.
- This estimate does not account for insurance coverage. If you are using insurance, your actual out-of-pocket costs may be lower.
- If you receive a bill that is significantly higher than this estimate (more than \$400), you have the right to dispute the bill.
- A Good Faith Estimate is not a contract and does not require you to obtain services from this provider.
- For questions about this estimate, contact Joseph Middleton at (210) 693-0073.

Printed Name _____

Client/Guardian

Signature _____

Date _____