# DECOTEAU TRAUMA-INFORMED CARE & PRACTICE, PLLC

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## Good Faith Estimate

Name: _____ DOB: _____

You have been referred or have chosen to receive treatment at DeCoteau Trauma-Informed Care & Practice, PLLC (DTICP). DTICP is required by the 2022 "No Surprises Act" to give you a Good Faith Estimate of the cost of treatment if you are uninsured or do not want to use insurance for this care. The information below is based on "fee-for-service" (out-of-pocket) rates.

Since your therapist has not yet evaluated you, DeCoteau Trauma must provide an estimate of your course of treatment based on the national average for a course of psychotherapy, which is 18 months.

This estimate is valid for 12 months, but you are entitled to receive an update on this estimate at any time upon request.

**CURRENT ICD-10 DIAGNOSIS :R69 (diagnosis deferred**)

- 1 Session of CPT 90791 (Initial evaluation) at $200.00
- 17 weekly or every other week sessions of CPT 90837 (psychotherapy, 60 minutes) at $175.00 per session
- Total of estimated "fee for services" treatment without insurance: $3175.00

This is just a rough estimate based on national averages. The duration of our work together can be longer or shorter depending upon your symptoms, your work between sessions, and your response to treatment.

Unless required by the court (a rare situation), you are free to discontinue treatment at any time. You are free to discuss any other modifications to treatment modalities, frequency, or duration. You are ultimately in control of your healthcare; DTICP's Therapists are here to provide help at your request.

**Your Signature:** _____ **Date:** _____

**Location of treatment**: All sessions will take place through DeCoteau Trauma Offices or Telemed services

**Provider Name:** _____

**Provider NPI Number:** _____

**Tax ID Number:** 272963118