



Main Line Therapy Solutions, LLC

Providing Individual, Couples & Family Therapy

600 Haverford Road, Suite G104
Haverford, PA 19041

630A Germantown Pike, First Floor
Lafayette Hill, PA 19444

Philadelphia Locations

(P) 610-649-6344 (F) 610-649-6930 (P) 610-825-2100 (F) 610-825-2101 (P) 610-649-6344 (F) 610-649-6930

www.MainLineTherapySolutions.com

Main Line Therapy Solutions 2023 Good Faith Estimate

Client Name: _____

Date of Good Faith Estimate: ___/___/___

This estimate is for psychotherapy services through: ___/___/___

The estimate below is the [range of costs]/cost that is likely for most new clients. Until I do an initial evaluation and we start our work together, I will not have a clear picture of your specific diagnosis, issues and needs. The estimate below is the range of costs/cost that I think is likely for your care over the time period covered by this estimate. However, depending on how treatment progresses, more or fewer sessions may be needed.

Contact: If you have questions about this estimate, please contact our Billing Specialist, Margie Mancuso, at 610-649-6344 or at Admin@mainlinetherapysolutions.com

Details of the Estimate

Date of Service (if known)	Service Code (CPT Code)	Service Description	Diagnosis Code	Typical Fee for Service
	90791	Initial Diagnostic Evaluation		Senior Clinician: \$225 Licensed Clinician: \$210 Post Doctoral Clinician: \$80-\$125 Masters Post Grad Clinician: \$65-\$105 Intern: \$30-\$75
	90832	Psychotherapy, 16-37 minutes Only licensed clinicians can provide 90832 sessions if appropriate		Senior Clinician: \$125 Licensed Clinician: \$100 Post Doctoral Clinician: N/A Masters Post Grad Clinician: N/A Intern: N/A
	90834	Psychotherapy, 38-52 minutes		Senior Clinician: \$185 Licensed Clinician: \$155 Post Doctoral Clinician: \$80-\$125 Masters Post Grad Clinician: \$65-\$105 Intern: \$20-\$70

	90837	Psychotherapy ≥ 53 minutes		Senior Clinician: \$200 Licensed Clinician: \$185 Post Doctoral Clinician: \$80-\$125 Masters Post Grad Clinician: \$65-\$105 Intern: \$30-\$75
	90839	Psychotherapy for a Crisis (30-74 minutes)		Senior Clinician: \$225 Licensed Clinician: \$210 Post Doctoral Clinician: \$135 Masters Post Grad Clinician: \$100-\$135 Intern: \$50-\$100
	+90840	Psychotherapy for a Crisis (add on code for each additional 30 mins)		Senior Clinician: \$115 Licensed Clinician: \$90 Post Doctoral Clinician: \$70 Masters Post Grad Clinician: \$65-\$70 Intern: \$20-\$50
	+90785	Interactive Complexity Code		Senior Clinician: \$55 Licensed Clinician: \$55 Post Doctoral Clinician: \$45 Masters Post Grad Clinician: \$35 Intern: \$5-\$20
	90846	Family Psychotherapy without Patient Present, 50 minutes		Senior Clinician: \$200 Licensed Clinician: \$185 Post Doctoral Clinician: \$80-\$120 Masters Post Grad Clinician: \$65-\$105 Intern: \$30-75
	90847	Family Psychotherapy with Patient Present, 50 minutes		Senior Clinician: \$200 Licensed Clinician: \$185 Post Doctoral Clinician: \$80-\$120 Masters Post Grad Clinician: \$65-\$105 Intern: \$30-75
	98966-98968	Telephone Assessment & Management		Prorated based on the amount of time spent at usual hourly rate
	98970-98972	Online Digital Evaluation & Mgt (Responding to Email & Text Messages)		Prorated based on the amount of time spent at usual hourly rate
	Cancellation Fee	Your Therapist Requires 24-Hour advance notice or there is a Cancellation Fee		You are Responsible for the full cost of your usual session

	Product ion of Records			\$50
	Legal Fees			Fee is hourly based on usual hourly rate, prorated if less than an hour
	Total Estimate:	This Good Faith Estimate explains your therapist's rate for each service provided. Your therapist will collaborate with you throughout your treatment to determine how many sessions and/or services you may need to receive the greatest benefit based on your diagnosis(es)/presenting clinical concerns.		
Please note that the Place of Service (in-office vs. telemental health) is not delineated above since the charges are identical.				

The following is a detailed list of expected charges for services scheduled for ___/___/___ to ___/___/___ . The estimated costs are valid for 12 months from the date of this Good Faith Estimate, unless we send you an updated Estimate.

Estimated number of sessions in 20__ : _____

Total estimate of costs: \$ _____

Clinician (therapist) providing services:

Name _____

Title/Degree _____

MLTS NPI number: 1386932366 MLTS EIN: 27-2670295

Address of office from which services will be provided (or indicate Telehealth)

Client information:

Client name _____ DOB _____

Good Faith Estimate Disclaimer

This Good Faith Estimate shows the costs of services that are reasonably expected for the expected services to address your mental health care needs. The estimate is based on the information known to [us/me] when [we/I] did the estimate.

The Good Faith Estimate does not include any unknown or unexpected costs that may arise during treatment. You could be charged more if complications or special circumstances occur. If this happens, federal law allows you to dispute (appeal) the bill.

If you are billed for \$400 more (per provider) than this Good Faith Estimate (GFE), you have the right to dispute the bill

You may contact **Main Line Therapy Solutions** at the contact listed above to let them know the billed charges are at least \$400 higher than the GFE. You can ask them to update the bill to match the GFE, ask to negotiate the bill or ask if there is financial assistance available.

You may also start a dispute resolution process with the U.S. Department of Health and Human Services (HHS). If you choose to use the dispute resolution process, you must start the dispute process within 120 calendar days (about 4 months) of the date on the original bill.

There is a \$25 fee to use the dispute process. If the agency reviewing your dispute agrees with you, you will have to pay the price on this GFE. If the agency disagrees with you and agrees with the health care provider or facility, you will have to pay the higher amount.

To learn more and get a form to start the process, go to: www.cms.gov/nosurprises or call CMS at 1-800-985-3059.

For questions or more information about your right to a Good Faith Estimate or the dispute process, visit www.cms.gov/nosurprises or call CMS at 1-800-985-3059 .

This GFE is not a contract. It does not obligate you to accept the services listed above.

Keep a copy of this Good Faith Estimate (GFE) in a safe place or take pictures of it. You may need it if you are billed more than \$400 than the estimate provided above.