



Anne Drake, LCSW
COUNSELING AND PLAY THERAPY

Good Faith Estimate

As of January 1, 2022, per the federal law the No Surprises Act, all clients have the right to receive a Good Faith Estimate.

A Good Faith Estimate shows the expenses you can reasonably expect to pay for services provided by Anne Drake, LCSW. This estimate is created based on the information known at the time the estimate is first created. It does not include unknown or unexpected costs that may arise while receiving services. It is possible you may incur more charges than the estimate includes if special circumstances arise. If this happens, the federal law provides you a right to dispute your bill.

If you are billed for \$400 or more than your Good Faith Estimate, you have the right to dispute the bill.

You may contact me directly if you are billed changes that exceed the Good Faith Estimate.

You can request for me to update your bill to match the Good Faith Estimate, request to negotiate the bill, or you may request information about financial assistance availability.

You may also start a dispute resolution process with the US 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, or 4 months, of the date of 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 prices on this Good Faith Estimate. If the agency disagrees with you and agrees with fees charged by me that exceed the Good Faith Estimate, you will have to pay the higher amount charged. To learn more visit www.cms.gov/nosurprises or call HHS at (800)369-1019.

Your estimate is not a contract. You are not obligated to receive services from me. I can provide you with alternative referrals at your request at any time.

Below is a schedule of standard fees for services.

90791: Initial diagnostic evaluation \$135
90837: 53-60 minutes individual therapy \$125
90834: 38-52 minutes individual therapy \$94
90832: 16-37 minutes individual therapy \$62
90847: 60 minutes family psychotherapy \$135

Additional fees may include the following as requested by the client.
Parent meeting by phone, in person, or Telehealth: 60 minutes \$50
Attending school meetings at request of parent: 60 minutes \$50
Providing a letter or written report at request of parent: \$50