



Licensed Clinical Professional Counselor
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No Surprises Act: Good Faith Estimate (GFE)

Client Name: _____ Date of Birth: _____

Service Description

CPT Code	Description	Cost
90791	Integrated Biopsychosocial Assessment, including history, mental status, and recommendations	\$200
90837	60 Minute Psychotherapy with Patient	\$200
90847	Family/Couples Psychotherapy (conjoint psychotherapy)	\$200
90834	45 Minute Psychotherapy with Patient	\$200

Additional Fees

Description	Cost
Missed Session Fee without 24 hour notice	\$200
Consultation/Other Services (per 15 minutes)	\$50
Crisis Intervention (per 15 minutes)	\$75

Provider Information: Jeffrey J. Ciolino, LCPC **NPI:** 1720138308
Service Location: 4003 N Broadway, Ste. 204, Chicago, IL 60613 or remote locations for virtual telementalhealth services

Diagnosis
Diagnosis may change during the course of treatment and the cost of service remains the same regardless of diagnosis.
Current diagnosis is _____.

Estimated Charges
Depending on the progress we make working together over the next 12 months, I expect that you will need _____ psychotherapy sessions. At \$200 per session the estimated total cost would be _____.

Additional charges as indicated above for missed session without 24 hour notice, consultation, other services, or crisis intervention incur as they arise.

Disputes and Resolutions:
The GFE is only an estimate and the actual items, services, or charges may differ from what is included in it. Individuals may challenge a bill from a provider through a patient-provider dispute resolution (PPDR) process if the billed charges substantially exceed the expected charges in the GFE. To initiate PPDR process, visit www.cms.gov/nosurprises/consumers or call 1-800-985-3059. PPDR process must be started within 120 calendar days of the date on the original bill. Initiating a PPDR will not adversely affect the quality of services rendered.

Disclaimers:
The GFE has been provided to you both verbally and in writing. The provider may recommend additional services that are not in the GFE. These estimates may change as the treatment progresses or if emergencies/clinical situations arise and are not a guarantee of treatment frequency, length, or cost. Your signature does not require you to receive psychotherapy services from me.

The estimated costs are valid for 12 months from date of the Good Faith Estimate issued on _____.

Signature: _____ Date: _____