

Green Willow Counseling, LLC
5802 S 900 E Ste 9 Murray, Utah 84121
Elana Olson, LCSW / Owner
elanaolsonlcsw@gmail.com call/text:801-717-6428

Good Faith Estimate For Mental Health Services

Provider Information:

Owner/ Clinical Director: Elana Olson, LCSW

Rendering Provider:

License Number:

NPI:

EIN:

Date Estimate Provided:

Address where services will be provided: 5802 S 900 E Murray, Utah 84121

Client Information:

Client Name:

Date of Birth:

Primary Diagnosis:

Secondary Diagnosis:

Complete List of Services Provided at Green Willow Counseling, LLC:

Service Code	Description	Rate
90791	Psychiatric Diagnostic Evaluation	\$200
90837	Psychotherapy, 55 minutes	\$140
n/a	Letters	\$35 minimum
n/a	Late Cancelations/No Shows	\$55

Estimated Services for **(insert name)**

(Based on weekly therapy appointments for 12 months)

Estimated Number of Sessions	Service Code	Description	Adjusted Rate	Estimated Total
52	90837	Psychotherapy, 55 Minutes	\$140	\$7,280

Total estimate of what you may owe:	\$7,280
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Disclaimer

This Good Faith Estimate shows the costs of items and services that are reasonably expected for your health care needs for an item or service. The estimate is based on information known at the time the estimate was created.

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 more than this Good Faith Estimate, you have the right to dispute the bill.

You may contact the health care provider or facility listed to let them know the billed charges are higher than the Good Faith Estimate. You can ask them to update the bill to match the Good Faith Estimate, 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 Good Faith Estimate. 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 HHS at (800) 368-1019.

For questions or more information about your right to a Good Faith Estimate or the dispute process, visit www.cms.gov/nosurprises or call (800) 368-1019.

Keep a copy of this Good Faith Estimate in a safe place or take pictures of it. You may need it if you are billed a higher amount.

By signing below I attest that I have received a copy of my Good Faith Estimate (GFE).

Please sign and date below:
