



## Good Faith Estimate

The No Surprise Act gives consumers the right to receive a “good faith estimate” of the cost of healthcare services.

Counseling and/or psychotherapy is a collaborative process between client and therapist, and the length of treatment is determined by many factors, (your individual history, the nature of your concerns, the number of concerns you wish to address in therapy, the time/attention you are able to devote to working on the identified issue outside of your appointments, co-occurring issues such as trauma, addictions, or personality patterns that occur along with other symptoms such as depression or anxiety, etc.). Typically, sessions are held once a week or twice per month as recommended and agreed upon between therapist and client. The frequency of meetings may change over the course of treatment and discussed as part of treatment planning. **You have the right to end treatment at your discretion. Sessions are billed and fees collected at the time of service. You have the right at any time during our work together to request a good faith estimate of the expected length and cost of your treatment.**

This Good Faith Estimate shows the cost of items and services that are reasonably expected for your health care needs. It is only an estimate and is not a contract. It does not obligate the client to obtain the items or services from the provider. The estimate is based on information known at the time the estimate was created and does not include any unknown or unexpected costs that may arise during treatment. If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill. Visit [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) for more information about your right to a Good Faith Estimate.

The following is a list of types of appointments that may be utilized during the course of our work together:

- Initial Consultation appointment, individual, 60 minutes - \$120
- Individual therapy appointment, 60 minutes - \$120
- Individual therapy appointment, 30 minutes - \$60
- No show/late cancelation fee (less than 24 hrs. notice) - \$70

*Signature of Client or Legal Guardian*

*DOB*

*Date*

\_\_\_\_\_  
*Sign Full Name*

\_\_\_\_\_  
*MM-DD-YYYY*

\_\_\_\_\_  
*MM-DD-YYYY*

*Signature of Therapist*

*Date*

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