JANEEN M. SAMARTINO, MA., LCPC.
1655 N. Arlington Heights Road, Suite 303E
Arlington Heights, IL 60004
T: 847-638-3700
F: 847-670-6075

Date of Good Faith Estimate: _____ **Expiration Date of Good Faith Estimate:** _____

Explanation of Good Faith Estimate:

For new clients: Until I do an initial evaluation and we start to work together, I will not have a clear picture of your diagnosis(es) and the level of services needed. All new clients must complete an initial evaluation (also called a diagnostic session) with me for a cost of $160. After your initial diagnostic session, I will make a recommendation for continued treatment and will provide you with an estimate of the cost I think is likely for your care over the time period covered by this estimate.

For continuing clients: The estimate below is the cost I think is likely for your care over the time period covered by this estimate based on my assessment of your current status in treatment and your diagnosis(es).

For all clients: The duration and frequency of treatment recommended will depend on your diagnosis(es) and individual needs. Due to the nature of psychotherapy, it can be difficult to accurately predict the exact number of therapy sessions a client will require before he/she can be discharged from care. Moreover, some clients choose to remain in therapy indefinitely. You and I will discuss your progress as treatment progresses. Depending on how treatment progresses, more or fewer therapy sessions may be necessary. I reserve the right to recommend modifications to the estimate below based on your progress in treatment. I will discuss any modifications to this estimate with you prior to implementation.

Details of Good Faith Estimate:

Service	Diagnosis code(s) (once determined)	Service code	Quantity (# of sessions or units)	Cost per unit	Expected cost
Initial evaluation		90791		$ 160	$
Psychotherapy (60 minutes)		90837		$	$
Psychotherapy (45 minutes)		90834		$	$
Psychotherapy (30 minutes)		90832		$	$

Total estimated cost: _____

Provider of services: Janeen M. Samartino, LCPC
Tax ID: 36-44-00082; NPI: 1417937186

Client Acknowledgment:

Client Full Name: _____ DOB: _____

Client Signature: _____ Date: _____

Provider Signature: _____ Date: _____