Julie Laraway, LMFT
Licensed Marriage & Family Therapist
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Good Faith Estimate

You are entitled to receive this "Good Faith Estimate" of what the charges could be for psychotherapy services provided to you. While it is not possible for a psychotherapist to know, in advance, how many psychotherapy sessions may be necessary or appropriate for a given person, this form provides an estimate of the cost of services provided. Your total cost of services will depend upon the number of psychotherapy sessions you attend, your individual circumstances, and the type and amount of services that are provided to you.

This estimate is not a contract and does not obligate you to obtain any services from me, the provider, nor does it include any service rendered to you that are not identified here.

This "Good Faith Estimate" is not intended to serve as a recommendation for treatment nor a prediction that you may need to attend a specific number of psychotherapy visits. The number of visits that are appropriate in your case, and estimated costs for those services, depends on your personal needs and what you agree to in consultation with me, your therapist. You are entitled to disagree with any recommendations made to you concerning your treatment and you may discontinue treatment at any time.

The fee for a 50-minute psychotherapy session (in-person or via telehealth) is $200. Most clients will attend one psychotherapy session per week, but the frequency of psychotherapy sessions that are appropriate to your case may be more or less than once per week, depending upon your personal needs. Based upon a fee of $200 per session, if you attend one psychotherapy session per week, your estimated charge would be $800 for four sessions provided over the course of one month. An additional "Good Faith Estimate" will be provided to you after our first intake/initial session.

You have a right to initiate a dispute resolution process if the actual amount charged to you substantially exceeds the estimated charges stated in your "Good Faith Estimate" (which means $400 or more beyond the estimated charges). You are encouraged to speak with me, your therapist, at any time about any questions or concerns you may have regarding your treatment plan, or the information provided to you in this "Good Faith Estimate."

Patient Name	Patient Name
Patient Signature Date	Patient Signature Date
Parent/Legal Guardian Signature	Date
Psychotherapist Signature	Date