No Surprises Act/Good Faith Estimate for Mental Health Services

Effective January 2022, the No Surprises Act was passed to protect consumers from "surprise" medical bills from healthcare providers. The purpose is to prohibit an out-of-network provider from charging, without the patient's prior agreement, their rates for treatment. The Act requires that healthcare facilities and individual healthcare providers furnish a Good Faith Estimate (GFE) of the likely costs of a proposed treatment prior to the self-pay patient's receiving that service.

We are an out-of-network psychological practice, meaning that we do not participate with insurance. We receive payment directly from clients, who then have the option to seek out-of-network benefits (i.e., partial reimbursement) from their insurance company, if those benefits exist. We do not accept payment directly from insurance companies and do not submit any documents on behalf of clients. We are paid directly by clients at the time of service.

This law requires that we provide a Good Faith Estimate of what we believe the cost of treatment will entail. In terms of providing an estimate regarding the length of treatment, that is difficult to do as precisely as we would like, as we cannot guarantee how a client will respond to the therapy, how long it will take for the treatment to work, or additional presenting concerns that may arise during the course of therapy that become additional treatment goals, therefore extending the length of treatment. With that said, the average course of treatment in our practice for individual and/or family therapy is 3-12 months; occasionally it is shorter, and many times it is longer. For example, we have clients who have been attending therapy for years as they continue to benefit from the treatment and/or value the supportive relationship that therapy provides. Clients attend therapy at their own will and we attempt to make the costs of sessions and other charges as clear as possible at the onset of the treatment. Group therapy can also vary in length, with the shortest being 6 weeks (summer semester), and longest being several semesters/years. The average number of group sessions is between 2 to 10 months.

We recommend weekly sessions until progress is made; however, you and your clinician should discuss any concerns you have about the affordability of therapy. If you have financial concerns, and are participating in individual or family therapy, you and your clinician can discuss options for shorter sessions (for example, 30-minute sessions) and/or meeting less frequently (for example, every other week or every three weeks) when therapeutically feasible. In this case, your clinician may suggest more therapy homework to do in between sessions to ensure that the work continues to progress. At any time, you can choose to discontinue treatment.

Below is a summary of the way we charge for sessions, collaborative care (e.g., phone calls with treating psychiatrists), letters, testing, and more.

Please note that we do not offer reduced rates or sliding-scale fees. Our fees are set as reflected below. If you have any questions about a particular charge, you are encouraged to ask your clinician.

Summary of Services and Fees effective 5/1/2026

Service	Service Code	Fee
Initial Intake Evaluation	90791, 90791-95	$500
60-minute session (individual; collateral; family)	90837, 90837-95	$325
45-minute session (individual; collateral; family)	90834, 90834-95, 90846, 90846-95	$275
30-minute session (individual; collateral; family)	90832, 90832-95	$175
Crisis intervention (60 minutes)	90839, 90839-95	$375
Crisis intervention- additional 15 minutes	90840, 90840-95	$93
Non-refundable group registration fee	n/a	Teen/Young Adult: $250 Parent/Caregiver: $250
Group therapy session (60 minutes)	90853	Teen/Young Adult group: $125 Parent/Caregiver: $125
Group therapy session (90 minutes)	90853	$180
Psychological Testing	96136, 96137, 96130, 96131, 96127	$500-$1500 depending on testing battery