Didi Hirsch
MENTAL HEALTH SERVICES

GOOD FAITH ESTIMATE

Provider Name:	License/#:
Provider Address: 10277 W Olympic Blvd, Los Angeles, CA 90067	
Provider Phone #: (424) 362-2900	
Provider Tax ID#: EIN 95-1816023	Provider NPI #:

Patient Name:	
Patient Address:	
Patient Phone #:	Patient Email:
Services Requested:	

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 the provider(s) listed, nor does it include any services rendered to you that are not identified here.

This Good Faith Estimate is not intended to serve as a recommendation for treatment or a prediction that you may need to attend a specified number of psychotherapy visits. The number of visits that are appropriate in your case, and the estimated cost for those services, depends on your needs and what you agree to in consultation with your therapist. You are entitled to disagree with any recommendations made to you concerning your treatment and you may discontinue treatment at any time.

Individual Psychotherapy

The fee for a 50-minute psychotherapy visit (in-person or via telehealth) is $. Most clients will attend one psychotherapy visit per week, but the frequency of psychotherapy visits that are appropriate in your case may be more or less than once per week, depending upon your needs. Based upon a fee of $ per visit, if you attend one psychotherapy visit per week, your estimated charge would be $ for 4 visits provided over the course of one month; $ for 8 visits over two months; or $ for twelve visits over three months. *If you attend therapy for a longer period, your total estimated charges will increase according to the number of visits and length of treatment.*

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Group Psychotherapy

The fee for a group therapy visit (in-person or via telehealth) is $. Most clients will attend one group therapy visit per week, but the frequency of group therapy visits that are appropriate in your case may be more or less than once per week, depending upon your needs. Based upon a fee of $ per visit, if you attend one group therapy visit per week, your estimated charge would be $ for 4 visits provided over the course of one month; $ for 8 visits over two months; or $ for twelve visits over three months. *If you attend group therapy for a longer period, your total estimated charges will increase according to the number of visits and length of treatment.*

Based on a fee of $ per visit for individual, or $ per visit for group, the following are expected charges of psychotherapy services:

Number of Weeks	Total estimated charges for 1 individual session per week	Total estimated charges for 1 group session per week
1 Week of Service	$	$
8 Weeks of Service (Approx. 2 Months)	$	$
10 Weeks of Service (Approx. 3 Months)	$	$
12 Weeks of Service (Approx. 3 months)	$	$

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 your provider at any time about any questions you may have regarding your treatment plan, or the information provided to you in this Good Faith Estimate.

Date of this Estimate:

Signature of Client:

Signature of Staff: