



2022 GOOD FAITH ESTIMATE

PRACTICE: Lacamas Counseling
PRACTICE TAX ID: 81-2379114
PRACTICE NPI: 173085297
ADDRESS: 3400 SE 196th Ave, Ste102 Camas, WA 98607
PHONE: (360) 975-0512

In accordance to the No Surprises Act *Act (HR133, Title 45 Section 149.610)*, You are entitled to receive this "Good Faith Estimate" of what the charges could be for the counseling services provided to you. While it is not possible for a counselor to know, in advance, how many sessions may be necessary or appropriate for a given person, this form provides the cost of each service provided. 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 that may be recommended during treatment to you that are not identified here. You are entitled to disagree with any recommendations made to you concerning your treatment and you may discontinue treatment at any time.

2022 AVAILABLE SERVICES, CODES, AND FEES

Diagnostic Evaluation (90791) - \$200
Individual Counseling (90837) 53+ min - \$150
Individual Counseling (90834) 38-52 min - \$150
Couples and Family Counseling (90846/90847) - \$180
*Fees are subject to increase each year on January 1.

Most clients will initially attend one Individual, Family, or Couples Counseling appointment per week, but the frequency of appointments that are appropriate to your care may be more or less than once per week, depending upon your needs. Many clients will reduce their frequency to every two weeks or as needed as their symptoms and stressors subside, and progress is made towards the treatment goals.

Your total cost of services will depend upon the number of sessions you attend, your individual circumstances, the type and amount of services that are provided to you, and what you agree to in consultation with your counselor.

This estimate shows the costs of the items or services listed. It doesn't include any information about what your health plan may cover. You may contact your health plan to address your questions about your benefits, plan, coverage, reimbursements, and payments to see if the final cost of services may be different than this estimate.

You are encouraged to speak with your counselor at any time about any questions you may have regarding your treatment plan, diagnosis, or the information provided to you in this Good Faith Estimate.

For questions about your rights and protections Contact: Washington Department of Health 800-525-0127 or Visit <https://www.cms.gov/files/document/model-disclosure-notice-patient-protections-against-surprise-billing-providers-facilities-health.pdf> for more information about your rights under federal law.