

# Hope Counseling Colorado PLLC

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## Good Faith Estimate Disclosure

Client Name:	Date of Birth:
Client Address (include if telehealth):	
Client Diagnosis & ICD (if known/applicable):	
Services Requested:	Date of Initial Session (if applicable):

In pursuing services at Hope Counseling Colorado PLLC (“HCC”) 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. This is an estimate only and is non-binding. All services rendered between the parties *will be rendered in good faith* and subject to ongoing review. Pending your participation in therapy, you may be provided an estimate every 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.

There may be additional items or services I recommend as part of your treatment that must be scheduled or requested separately. Said services are **not** reflected in this good faith estimate. This estimate is not a contract and does not obligate you to obtain any services from HCC listed, nor does it include any services rendered to you that are not identified here.

You have the 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).

As an alternative, you may initiate a formal arbitration process should the amount you are charged by HCC exceed the estimated charges of your Good Faith Estimate. By initiating said process, any dispute by and between you and HCC may therefore be subject to arbitration at Denver, Colorado, or as otherwise agreed between the parties, in accordance with the rules of Judicial Arbitration & Mediation Services (JAMS). The arbitrator shall have full authority to provide injunctive relief, including temporary or permanent restraining orders, and other equitable relief, which shall be enforceable through the District Court of Denver, Colorado, as any other judgment in accordance with the Colorado Rules of Civil Procedure. The parties agree that, in the event either party elects to arbitrate a dispute, the parties shall first have mandatory non-binding mediation of any dispute and such mediation shall be conducted by a person licensed to practice law and knowledgeable in the area of dispute, jointly selected by the parties or, if no such agreement can be had, selected from the list of mediators maintained by Judicial Arbitration Mediation Services in its Denver, Colorado office.

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For questions or more information about your right to a Good Faith Estimate or the dispute process, please visit <https://www.cms.gov/nosurprises/consumers> or call 1-800-985-3059. The initiation of the patient-provider dispute resolution process will not adversely affect the quality of the services furnished to you.

As referenced in HCC's Disclosure Statement, 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 four visits provided over the course of one month; \$ \_\_\_\_\_ for eight visits over two months; or \$ \_\_\_\_\_ for 12 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.

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.

You are encouraged to speak with your therapist 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 \_\_\_\_\_