

SAMPLE GOOD FAITH ESTIMATE

Provider Name: Karen Vedus LMFT	License #:100.0110621
Provider Address: 437 Piggery Rd. Putney, Vermont 05346	
Provider Phone #: (802) 332-3007	

Client Name (s):	
Client Address:	
Client Phone #: ()	Patient Email:
Services Requested:	

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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 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

The fee for a 60-minute couple's therapy per session (in person or via telehealth) is \$130.00. For individual sessions, the fee is \$100.00 per session. Both have an initial intake session that is \$150.00. Most clients will attend one session per week, but your frequency may be less, depending on your needs. Based upon the fee the following are expected charges for psychotherapy services.

Number of Weeks	Total estimated charges for individual sessions 1 session per week	Total estimated charges for couples sessions 1 session per week
1 Week of service	\$150 intake, \$105 thereafter	\$150 intake, \$130 thereafter
12 weeks of services (approximately 3 months)	\$1410.00	\$1710.00
25 weeks of services (approximately 6 months)	\$2775.00	\$3400.00
38 weeks of Service (Approximately 9 months)	\$4290.00	\$5090.00
51 weeks of Service (Approximately 12 months)	\$5505.00	\$6780.00

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 January 30, 2023