Melanie Stone PhD HSPP

GOOD FAITH ESTIMATE

Client: _____

Service Code (CPT Code)	Description	Fee for Service
90832	Psychotherapy, 30 minutes	$135
90834	Psychotherapy, 45 minutes	$195
90837	Psychotherapy, 60 minutes	$260
90846	Conjoint or Family Psychotherapy without Patient Present, 45 minutes	$195
90847	Conjoint or Family Psychotherapy with Patient Present, 45 minutes	$195
98966-98968	Telephone Assessment & Management	Prorated based on time spent at hourly rate
Cancellation Fee	Less than 24 hours' notice or missed appointment	**Full session fee**
Production of Records	Preparation/production of records	Prorated based on time spent at hourly rate
Legal Fees	Legal/forensic-related professional time	Prorated based on time spent at hourly rate

Estimate of Treatment:

This Good Faith Estimate lists Dr. Stone's current rate for each service provided. The number of psychotherapy sessions cannot be predicted in advance and will be determined collaboratively as treatment progresses, based on your clinical needs, treatment goals, and response to therapy.

GOOD FAITH ESTIMATE ACKNOWLEDGMENT

Your signature below indicates that this Good Faith Estimate has been reviewed with you and that you have had an opportunity to ask questions.

_____ _____

Patient signature | Guardian/authorized representative signature

_____ _____

Print name of patient | Print name of guardian/authorized representative

_____ _____

Date and time of signature | Date of signature