



**LIFESTANCE HEALTH, INC.
GOOD FAITH ESTIMATE - PSYCHOTHERAPY & PSYCHIATRY SERVICES**

Patient Name: _____
Patient Date of Birth: _____
Patient Address: _____
Patient Identification Number: _____
Date of Good Faith Estimate: _____

The table set forth below reflects LifeStance Health, Inc., ("LifeStance") current charges for services. As each patient's needs for mental health interventions are unique, the total cost during the year will ultimately be dictated by the number of sessions you receive, and the acuity level of services provided in connection with your specific diagnosis in accordance with the charge table below.

Each episode of care begins with an Assessment. After the Assessment, we may have a clearer picture of how many sessions you might need. However, it is difficult to predict the length of treatment, since it depends upon the complexity or severity of the problem, treatment efficacy, and external factors during the treatment period.

Details of the Good Faith Estimate

For psychotherapy services, all episodes of care start with an Assessment to identify your needs, factors around your needs, and potential directions for treatment. This session will also help determine possible diagnoses. The first sessions will cost \$325 for a psychologist and \$295 for a master's level therapist.

The following shows the expected charges for each session after the assessment. This shows the cost per session. You and your clinician will discuss which of these services makes sense for you. You will be able to decide for yourself whether you want to continue services and how many sessions you will have. The estimated costs below are valid for 12 months from the date of this Good Faith Estimate ("GFE"), unless we send you an updated GFE.

Service (per Session)	Service Code	Psychologist	Master's Level
Psychotherapy for 16-37 minutes	90832	\$310	\$175
Psychotherapy for 38-52 minutes	90834	\$195	\$160
Psychotherapy for 53 or more minutes	90837	\$335	\$315
Family Therapy without Patient	90846	\$205	\$190
Family Therapy with Patient	90847	\$220	\$190
Group Psychotherapy	90853	\$85	\$70
Crisis Therapy: First 30-74 minutes	90839	\$335	\$315
Crisis Therapy: Each 30 minutes	90840	\$155	\$110

Psychiatric services are focused on medication management. They are provided by a psychiatrist (MD or DO) or psychiatric nurse practitioner. The first session is an Assessment to identify possible diagnosis and needs. The first session will cost \$475 for a psychiatrist and \$365 for a nurse practitioner. You and your clinician will discuss which of these services make sense for you at the time. You will be able to decide for yourself whether you want to continue services, and collaborate with your clinician on how many services you might need. The type of service depends upon the complexity of the session.

Service (per Session)	Service Code	MD/DO	Nurse Practitioner
Evaluation & Management Focused with Brief Psychotherapy	99213 + 90833	\$405	\$355
Evaluation & Management Focused with Psychotherapy	99213 + 90836	\$455	\$375
Evaluation & Management Detailed with Brief Psychotherapy	99214 + 90833	\$495	\$425
Evaluation & Management Detailed with Psychotherapy	99214 + 90836	\$545	\$445

The charges reflected above may be modified from time to time in the ordinary course of business.

This GFE does not include Psychiatric, Psychological Testing, Substance Use Disorder, Intensive Outpatient, TMS, Applied Behavioral Analysis, or other behavioral health services. Should you need services outside the scope of this GFE, a new GFE will be provided to you.

For individual and families in need, contact us to learn more about eligibility for financial assistance. If you have financial assistance, you can apply the discount percentage to "Cost per Session" above.

Contact

If you have questions about this estimate, please contact the Front Desk at your clinician's site or talk to your clinician about it.

Disclaimer

This GFE shows the costs of items and services that are reasonably expected for your healthcare needs for an item or service as of the date of this estimate. The estimate is based on information known at the time the GFE was created. The GFE does not include any unknown or unexpected costs that may arise during treatment.

You could be charged more if complications or special circumstances occur. If this happens, federal law allows you to dispute (appeal) the bill.

If you are billed for more than this Good Faith Estimate, you have the right to dispute this bill.



You may contact us to let us know that billed charges are higher than the GFE. We will work with you to update the bill to match the GFE, negotiate the bill, or discuss how financial assistance may be available. Please call your LifeStance location at 1-970-310-3406 to discuss this.

You may also start a dispute resolution process with the U.S. Department of Health and Human Services (HHS). If you choose to use the dispute resolution process, you must start the dispute process within 120 calendar days (about 4 months) of the date on the original bill. There is a \$25 fee to use the dispute process. If the agency reviewing your dispute agrees with you, you will have to pay the price on this GFE. If the agency disagrees with you and agrees with the healthcare provider or facility, you will have to pay the higher amount.

To learn more and get a form to start the process, go to:

www.cms.gov/nosurprises or call CMS at 1-800-985-3059.

For questions or more information about your right to a Good Faith Estimate or the dispute process, visit www.cms.gov/nosurprises or call CMS at 1-800-985-3059.

Date: _____

Signature: _____

Name of Patient Representative, if applicable: _____

Description of Patient Representative's Relationship to Patient, if applicable: _____