

Shields Counseling, LLC
Good Faith Estimate
3871 Harlem Road, Suite 206, Cheektowaga, New York 14215
NPI: 1497167902 EIN: 87-3450628

This Good Faith Estimate (“**GFE**”) provides you, the patient, with an estimate of the expected costs for mental health services to be provided by Shields Counseling, LLC (“**us**” or the “**Practice**”). This estimate is not a guarantee of final costs - actual costs may vary. This GFE is being provided to you because you are intending to pay in cash for your mental health services rather than submitting a claim to an insurance provider.

This GFE is based on what we find to be the most common path forward for our new patients, but may vary based on your specific diagnosis, issues and needs. Additional specificity can be provided after your first appointment, and we will provide you with an updated GFE if there is a significant change to this GFE that we have prepared for you.

Services to Be Provided. The Practice will provide the following mental health services to you:

- Initial consultation and evaluation
- Individual therapy - Number and frequency of sessions

Estimated Total Costs. Below is an example. The estimated total costs for the services listed above are:

- Initial consultation and evaluation: \$135
- Individual therapy: \$135 per session / Example: \$1,800 for 12 sessions over 12 weeks

Total estimated cost: \$1935

Additional services may be recommended during the course of treatment, which could affect the total costs. You will be notified in advance of any additional recommended services and related costs.

Diagnosis and Service Codes. The above services may be related to the following Diagnosis and Service Codes, which may be updated during the course of treatment:

- 90837 - Psychotherapy 53+ minutes
- 90834 - Psychotherapy 45 minutes
- Diagnosis Code (DSM-5 ICD)

Patient Responsibilities. By signing below, you acknowledge that you have received and understand this Good Faith Estimate. You agree to provide accurate information necessary for your care, and to make timely payments for services rendered.

The Practice Responsibilities. The Practice agrees to provide high-quality mental health services to you, maintain transparency in billing and pricing, and communicate any changes to this estimate in a timely manner. Please contact the Practice at (716) 226-6111 or emily@eshieldscounseling.com if you have any questions or concerns about this estimate or your rights and protections under the No Surprises Act.

Disclaimer and Limitations. This Good Faith Estimate is not a guarantee of final costs or services. Actual costs may vary based on complexity of condition, duration of treatment, and any additional necessary services. You have the right to request a revised estimate at any time. THIS GFE IS NOT A CONTRACT AND DOES NOT REQUIRE YOU TO OBTAIN THESE SERVICES FROM US. If your actual billed costs differ by more than \$400.00, or you have an issue with the GFE provided, you may visit the Centers for Medicare & Medicaid Services to submit a complaint here: <https://www.cms.gov/medical-bill-rights/help/submit-a-complaint> or call 1-800-985-3059.

Patient Signature

Patient Name

Patient Date of Birth

Date Signed