



Spectrum Connections Therapy

Services for Individuals, Couples, & Families.

Good Faith Estimate

The No Surprises ACT (effective 1/1/22) requires that health care providers provide this notice and that it be reviewed with each client. You are entitled to receive this “Good Faith Estimate” (GFE) of what the charges could be for therapy services provided to you. While it is not possible for a therapist to know, in advance, how many therapy 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 therapy sessions you attend, your individual circumstances, diagnosis if applicable, 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(s) 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 therapy 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.

Good Faith Estimate

Date of Good Faith Estimate: Date documented and shared in client patient portal by your provider. You may print this GFE from the patient portal for your records.

Provider Name: Nicole Gurash, Psy.D., LMFT, BCBA	Facility Name: Spectrum Connections Therapy
Provider Address: 9362 Teddy Lane, Suite 206, Lone Tree, CO. 80124	
Provider Phone #: (720) 282-9151	
Provider Tax ID# (if applicable): 1790140119	Provider NPI # (if applicable): 1629471883

Client information (please add your information to this form for your personal records):

Name:

Date of Birth:

Diagnosis: Please refer to your provider, or this can be from previous providers diagnoses. This is also included on your provider statements if applicable.

Expected Charges:

The following is a list of expected charges for Dr. Gurash. The estimated costs are valid for 12 months from the date of the Good Faith Estimate. The fee for a 45-minute therapy visit (standard time for in-person or via telehealth) is \$180. 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 \$180 per visit, if you attend one psychotherapy visit per week, your estimated charge would be \$720 for four 45 minute visits provided over the course of one month. If you attend 2 therapy sessions a month (or are seen bi-weekly) the two visits totaled would be \$360 per month. If you attend therapy for a longer period, your total estimated charges will increase according to the number of visits and length of treatment. For families, couples and individuals (occasionally) and EMDR, sessions may run longer usually 60 minutes. If this is the case, the rate is adjusted. A 60 minute session would be \$220. If we meet for a shorter 30 minute session, the rate is \$120. Every 15 minutes up to 45 minutes, the rate is \$60 and if needed we prorate our sessions based on the need during the therapy session.



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Service Codes: (Psychotherapy CPT Codes 90791, 90832, 90834, 90837, 90846, 90847)

Nicole Gurash, Psy.D., LMFT, BCBA Rates:

Individual, Couples, or Family Session (30 minutes) \$120.00

Individual, Couples, or Family Session (45 minutes) \$180.00

Individual, Couples, Family, or EMDR Session (60 minutes) \$220.00

Onsite Consultations and Session: (e.g., in-home, school, community, experiential exposures) \$220.00/hr.

Gottman Assessment Review: \$220

Service Codes and Fees for Dr. Nicole Gurash.: 90791= \$220, 90832= \$120, 90834= \$180, 90837= \$220, 90846= \$220, 90847= \$220

Clinical Associate Rates:

Whitney Cavanah, M.A., LPCC

Individual, Couples, or Family Session (45 minutes) \$155.00

Individual, Couples, or Family Session (60 minutes) \$190.00

Onsite Consultation or Session: (e.g., in-home, school, community, experiential exposures) \$190.00/hr.

Gottman Assessment Review: \$190

Service Codes and Fees for Whitney Cavanah.: 90791= \$190, 90834= \$155, 90837= \$190, 90846= \$190, 90847= \$190

Clinic Rates for Other Professional and Related Fees (applies to all clinicians):

Group Therapy Per Group

Reports, Records Review, Letters & Recommendations (per 15 minutes) \$50

Legal Proceedings \$500/hr.

Missed Appointment/Late Cancellation Full Fee for Service

Additional Provider Notes Including Total Estimated Cost:

The length of treatment depends on a variety of factors (presenting concerns, diagnoses, desired frequency of sessions (weekly versus every two weeks), type of treatment being sought (short-term versus long-term), etc. Depending on the amount of progress we are able to make together, we typically meet with clients who are either seeking short-term therapy for 3-6 months, and those seeking longer-term treatment, for 1-2 years or longer depending on their needs. This Good Faith Estimate does not include factors potentially impacting monthly cost such as vacations, holidays, illness or emergencies. The provider late fee will be assessed for all appointments that are cancelled under the 24 hour notice required.

Disclaimers

- This Good Faith Estimate shows the costs of items and services that are reasonably expected for your health care needs for an item or service. The estimate is based on information known at the time the estimate was created and is subject to change.
- The Good Faith Estimate 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.



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- The Good Faith Estimate is not a contract and does not require you to obtain the services from the provider identified on the Good Faith Estimate.
- The Good Faith Estimate is a new medical act that all mental health providers are required to comply with, however due to the nature of our work being much different than a medical providers estimated costs, the APA will continue to provide us guidance on how to make sure this GFE process is ethical and appropriate for psychotherapy services. As additional information is given, this form may be adjusted as needed. If this is the case, a new updated form will be sent to you.

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

- You may contact the health care provider or facility listed to let them know the billed charges are higher than the Good Faith Estimate. You can ask them to update the bill to match the Good Faith Estimate, ask to negotiate the bill, or ask if there is financial assistance available.
- 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 Good Faith Estimate. If the agency disagrees with you and agrees with the health care 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 HHS at (800) 368-1019.
- For questions or more information about your right to a Good Faith Estimate or the dispute process, visit www.cms.gov/nosurprises or call (800) 368-1019.
- Keep a copy of this Good Faith Estimate in a safe place or take pictures of it. You may need it if you are billed a higher amount.