

Lois Thomson Bowersock
NCAC I, LCDC, ADC III, CET II, BC ThP
771 Southlake Blvd, Suite 129
Southlake, TX 76092
Lois@loisbowersock.com 281-782-6755

GOOD FAITH ESTIMATE

Pursuant to the No Surprises Act (HR133, Title 45 Section 149.610), effective January 1, 2022, all current or prospective clients must be given a "Good Faith Estimate" (GFE) of expected charges for services to be provided.

Client Name:	Client Date of Birth:
Client Address:	
Client Phone #:	Client Email:
Diagnosis Codes (if known/applicable):	
Services Requested (Type and Codes):	

Provider Name Lois Thomson Bowersock	License #: 7836 TX Dept State Health Serv.
Provider Address: 771 E. Southlake Blvd. Suite 129, Southlake, TX 76092 Main Office	
Provider Phone #: 281-782-6755	
Provider Tax ID #: EIN # 27-503-4761	Provider NPI #: 1902113095

You are entitled to receive this "Good Faith Estimate" of what the charges could be for counseling services provided to you. While it is not possible for a counselor to know, in advance, how many counseling 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 counseling 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(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 counseling 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 counselor. 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
Lois Thomson Bowersock

The fee for a 90-minute counseling visit (in person or via telehealth) is \$ 150 for individuals (\$ 175 for joint or family). While most clients attend one counseling visit per week, the frequency of counseling visits that are appropriate in your case may be more or less than once per week, depending upon your needs. Based on a fee of \$ 150 per visit for individuals, the following are estimated charges of services:

<i>Number of Weeks/Months</i>	Total Estimated Charges 1 Session Every Week	Total Estimated Charges 1 Session Every 2 nd Week	Total Estimated Charges 1 Session Every 3 rd Week	Total Estimated Charges Monthly Sessions
1 Week	\$ 150.	\$ 150.	\$ 150.	\$ 150.
13 Weeks Approx. 3 mos.	1,950.	975.	650.	450.
26 Weeks Approx. 6 mos.	3,900.	1,950.	1,300.	900.
39 Weeks Approx. 9 mos.	5,850.	2,925.	1,950.	1,350.
52 Weeks Approx. 12 mos.	7,800.	3,900.	2,600.	1,800.

Notice to Clients and Prospective Clients:

You have the 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.

Under the law, health care providers need to give clients who do not have insurance or who are not using insurance an estimate of the expected charges for medical services, including psychotherapy counseling services.

You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency healthcare services, including psychotherapy counseling services.

You can ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule a service, or at any time during treatment.

If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill. Make sure to save a copy or picture of your Good Faith Estimate.

For questions or more information about your right to a Good Faith Estimate, or how to dispute a bill, visit www.cms.gov/nosurprises.

Date of this Estimate _____