**Allison Splaun, Ph.D.**

Adult, Child, and Family Therapy

408 East Market St., Suite 208B #3

Charlottesville, VA 22902

(434) 205 – 4502

**Good Faith Estimate of Expected Charges**

This is a good faith estimate for psychotherapy services between 1/1/2024 and 12/31/2024

The estimate below is the range of costs that is likely for most patients. Until I do an initial evaluation and we start to work together, I will not have a clear picture of your specific diagnosis, issues and needs, I am happy to provide that information at your request. I typically see therapy patients for *25-50* sessions per year for a total cost of $4,750 - $9,560. But in some cases, a patient’s issues may be more complicated, so we may need additional sessions during the time covered by this estimate.

Contact: If you have questions about this estimate, please contact myself, Allison Splaun, at the phone number above or allison@allisonsplaunphd.com

**Details of the Estimate**

The following is a detailed list of expected charges for psychological services scheduled for 2024. The estimated costs are valid for 12 months from the date of this Good Faith Estimate, unless I send you an updated estimate.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Service** | **Diagnosis Code** (once determined) | **Service code** | **Quantity**  (# of sessions) | **Cost per unit** | **Expected cost** |
| Initial evaluation (new clients only) | TBD | 90791 | 1 | $255 | $255 |
| Psychotherapy - biweekly | TBD | 90834 (individuals), 90847 (couples) | 25 | $190 | $4,750 |
| Psychotherapy - weekly | TBD | 90834 (individuals), 90847 (couples) | 50 | $190 | $9,500 |

**Total estimated cost:** $4,750 for biweekly appointments, $9,560 for weekly appointments for the full year

**Psychologist providing services:** Name Allison Splaun, PhD

NPI number: \_1851733927 \_\_\_\_\_\_\_\_\_\_\_\_\_ EIN: \_47-5232464\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of office from which services will be provided 408 East Market St., Suite 208B #3, Charlottesville, VA 22902 or via Telehealth.

**Disclaimer**

This Good Faith Estimate shows the costs of services that are reasonably expected for the expected services to address your mental health care needs. The estimate is based on the information known to me when I did the estimate.

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.

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

You may contact the psychologist at the contact listed above 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 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.

This Good Faith Estimate is not a contract. It does not obligate you to accept the services listed above.

**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 more than $400 than the estimate provided above.**