TRUST 2 BELIEVE | SOGOL PHILIPSON, LCSW

Good Faith Estimate — Self-Pay / Uninsured

DRAFT — FOR CLINICIAN AND CALIFORNIA LEGAL/COMPLIANCE REVIEW

LCSW #66853 | 4199 Campus Drive, Suite 550, Irvine, CA 92612 | Telehealth only

Patient and provider

Patient name: _____ Date of birth: _____. Provider: Sogol Philipson, LCSW #66853. Practice: Trust 2 Believe. Service delivery: telehealth.

Expected charges

Expected individual psychotherapy session charge: $150. Estimated number of sessions: _____. Expected total: $_____ (multiply the anticipated sessions by $150). This estimate covers the items and services reasonably expected to be provided by this practice, and does not include unrelated services from other providers.

Service details to complete

Expected service/CPT code: _____. Diagnosis code, if applicable and known: _____. Anticipated dates/frequency: _____. Estimate date: _____. Other anticipated services/charges: _____.

Important notice

This estimate is not a contract and does not obligate you to receive care. Actual services and costs may differ. You may have the right to initiate the federal patient-provider dispute resolution process if your bill is at least $400 more than the Good Faith Estimate from this provider. Visit cms.gov/nosurprises or call 1-800-985-3059 for more information.

Acknowledgment

I received this estimate. Receipt does not waive any rights under applicable law.

Client name: _____ Date: _____

Client signature: _____ Date: _____