

*Debra Pietrangelo, PsyD
Licensed Psychologist
True North at 499 Glen
499 Glen Street
Glens Falls, New York 12804
Phone: (518) 798-9187/Fax: (518) 223-0567*

GOOD FAITH ESTIMATE OF PSYCHOTHERAPY SERVICES

Date of Good Faith Estimate: ____ / ____ / ____

Brief explanation of estimate for new and continuing patients:

The estimate below is the cost for your care over the time period to be determined. I typically see therapy patients based on their assessment and need which is decided between the provider and the patient or guardian if the patient is a minor. However, depending on how treatment progresses, more or fewer sessions may be needed.

Contact: If you have questions about this estimate, please contact Debra Pietrangelo, PsyD or Daniah Cornell, office manager, at 499 Glen Street, Glens Falls, NY 12801 or by calling 518-798-9187 or see the Standard Notice “Right to Receive a Good Faith Estimate of Expected Charges” under the No Surprise Act on our website at truenorthat499glen.com.

Details of the Estimate

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

Cost per Session (Payable upon date of service)

CPT codes: 9091, 90837, 90834, 90847 for

Individual Psychotherapy, Couple/Family Therapy

DX: _____, _____

\$ _____ per session

\$ _____ No Show Fee or less than 24 hours cancellation notice

First Name

Middle Name

Last Name

_____/_____/_____
Date of Birth

Mailing Address (Street or PO Box, City, State, Zip Code)

Email Address

Telephone

Patient/Guardian Signature

Date

Clinician Signature

Date