April M. Sherman, PsyD
Soul Psychology, PLLC
License Number: PY61482477
509 Olive Way, Suite 204, Seattle, WA 98101
(206) 329-5255 Ext. 301
drsherman@soul-psychology.com

Provider: April M. Sherman	Psychologist License Number: PY61482477
Provider Address: 509 Olive Way, Suite 204, Seattle, WA 98101	
Provider Phone Number: (206) 329-5255 Ext. 301	
Prover NPI Number: 1780277566	

What is the Good Faith Estimate (GFE)?

It is not possible to know how many sessions of therapy that someone will benefit from. Some people might see a therapist only a few times, while others will go for years. Your cost will vary based on the amount of sessions and other individual circumstances. This estimate provides new clients an idea at the costs associated with treatment.

The estimate below is the range of costs that I think is likely for your care over the time period covered by this estimate. However, depending on how treatment progresses, more or fewer sessions may be needed.

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 GFE (which means $400 or more beyond the estimated charges). For questions or more information about your right to a GFE or the dispute process, visit https://www.cms.gov/nosurprises/consumers or call 1-800-985-3059. The initiation of the patient-provider dispute resolution process will not adversely affect the quality of the services furnished to you.

Patient information:

Patient Name: _____ DOB: _____

Diagnosis: _____

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Service and CPT Code	Description	Schedule of Service	Fee
Intake Session (90791)	75-90 Minute Diagnostic Evaluation	Once	$250
Individual Session (90837)	50-55 Minute Psychotherapy Session	Weekly/Bi-Weekly	$190
Estimate monthly total for Weekly/Bi-Weekly Sessions (4 weeks)			$760/$380
Estimate yearly total for Weekly/Bi-Sessions (48 weeks)			$9120/$4560

The GFE is effective as of 01/01/2022

This GFE is not intended to serve as a recommendation for treatment or a prediction that you may need to attend a specified number of psychotherapy 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. If you have questions about this estimate, please contact me.

Client Acknowledgement:

Signing below indicates you have read and understand the GFE provided.

_____

Client Signature Date

_____

April M. Sherman, PsyD Date