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Provider NPI #: 902415342	

What is the Good Faith Estimate?

You are entitled to receive this tailored “Good Faith Estimate” (GFE) of what the charges could be for psychotherapy services provided to you. While it is not possible for a psychotherapist to know, in advance, how many psychotherapy 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 psychotherapy sessions you attend, your individual circumstances, and the type and amount of services that are provided to you. This will be tailored to your needs and treatment plan.

There may be additional items or services I may recommend as part of your care that must be scheduled or requested separately and are not reflected in this good faith estimate. 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.

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).

For questions or more information about your right to a Good Faith Estimate or the dispute process, visit <https://www.cms.gov/nosurprises/consumers> or call [1- 800-985-3059](tel: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.

What is my estimate?

Please note: This is an example of what an estimate might look like.

You can find information on all fees found in the Consent to Treatment document. As the GFE largely pertains to the provision of strictly psychological services, particularly those reimbursed through insurance providers where applicable, the estimate below are for individual, family, and guardian therapy consultation as these all have the same fee structure and are the most common therapeutic service I provide.

Effective Date: This GFE is effective as of February 1st, 2022



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The fee for a 50-minute psychotherapy visit (in person or via telehealth) is \$180. Most clients will attend one psychotherapy visit per week, but the frequency of psychotherapy visits that are appropriate in your case may be more or less than once per week, depending upon your needs. Below is your provisional diagnosis, meaning our best guess if your needs could be described under a diagnosis. There are also **z codes**, which further clarify needs. These are particular useful in cases where your needs do not cleanly align with a diagnosis. And then you have **CPT codes** which are the codes for types of services.

Client Name: Jamie Appleseed
 Client Address: Somewhere, US.
 Date of Birth: January 1st, 1985
 Provisional Diagnosis & Codes: Adjustment Disorder

CPT Code	Description of Service	Schedule for service	Fee
90791	55-90 Minute Diagnostic Evaluation	One time	\$250
90837	55 Minute Psychotherapy Session	Weekly/Semi-weekly	\$180
Estimate monthly total for Weekly/Semi-Weekly Sessions			\$970/\$610
Estimate annual total for Weekly/Semi-Weekly Sessions			\$9,610/\$4,930

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.

Client Acknowledgement

If you have any questions about what all this means, please bring them up to me first before signing this form. I am happy to answer your questions. Signing below indicates you have **read and understand the GFE provided.**

 Signature

 Date

Andrew Jordan Thayer, Ph.D.,

 Date:

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