



Heather Bergida Thurston, PhD, PLLC  
Licensed Psychologist

## **Good Faith Estimate**

Primary Diagnosis: R69 Illness unspecified

Primary Services and Associated Fees Reflected in GFE:

Primary Service: 90834 Individual Therapy 45 minutes \$185 or 90847 Family Therapy Conjoint with Patient 50-55 minutes \$215

Added Service: 90791 Psychotherapy Intake 60 min \$245

Other Services and Fees: Due to the unpredictable nature of each client's needs, these fees will not be included in the GFE. This

information serves as notice of additional fees you may incur based on your personal needs.

1. Late Cancellation (as defined in the Consent for Services), same day cancellation, and failure to show for session will result in full session fee.
2. Late arrival and/or early termination of a session will result in the full session fee
3. Pre-determined brief or prolonged sessions are prorated based on the hourly rate
4. Legal Proceedings and involvement \$450/60 minutes

Frequency and Duration of Treatment

Depending on your treatment needs, services will be provided for a frequency of weekly, biweekly, monthly, or as-needed maintenance. This frequency may fluctuate throughout the duration of treatment. Therapy is an extremely personal experience tailored to the needs of the client and the presenting concerns. Due to the nature of this unpredictability and my commitment to meeting and catering to the needs of every client individually, determining duration of treatment is ethically impossible. We will continue to review progress and make personalized decisions regarding both the frequency and duration of treatment periodically. Per the Consent for Services, you can decide at any time to terminate services. Due to this, all GFE's will be based on your current frequency over the course of a 12 month/52-week calendar year)

Total Expected Charges from Heather Bergida Thurston, PhD, PLLC

Your anticipated services include one (1) intake assessment appointment (CPT: 90791) billed at a rate of \$245 per 60-minute session, followed by recurring psychotherapy services. Your fee for a 45-minute individual psychotherapy session (CPT: 90834), in-person or via telehealth, with your provider is \$185. Your fee for a 50-55 minute couple therapy session (CPT: 90846/90847), in-person or via telehealth, with your provider is \$215. Based on a 52-week calendar year, your total estimated cost of treatment, not accounting for holidays/breaks, or other unpredictable fees/services disclosed above, assuming you scheduled sessions on a:

Weekly basis individual therapy will be \$9680

Weekly Basis couple therapy will be \$11210

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Bi-weekly basis individual therapy will be \$4870

Bi-weekly basis couple therapy will be \$5620

#### Disclaimers

- Additional items or services may be recommended as part of the course of care that must be scheduled or requested separately and are not reflected in the good faith estimate
- The information provided in this good faith estimate is only an estimate regarding items or services reasonably expected to be furnished at the time the good faith estimate is issued. Actual items, services, or charges may differ from the good faith estimate
- If you are billed for more than this Good Faith Estimate, you have the right to dispute the bill. You may contact the Heather B. Thurston, PhD to let them know the billed charges are higher than the Good Faith Estimate. You can ask Dr. Thurston 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 <https://www.cms.gov/nosurprises/consumers> or call 1-800-985-3059.
- The good faith estimate is not a contract and does not require you to obtain the items or services from any of the providers or facilities identified in the good faith estimate. This GFE is valid for the identified and named patient in this medical record.

eSignature: By electronically signing this document, I acknowledge that I have read this notice and understand that Heather B. Thurston, PhD does not accept insurance as a method of payment, is opted out of Medicare, and consent to the fees outlined in this GFE. My electronic signature signifies that I have been given access to the NSA applicable to my circumstances.

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