



INNER SELF CARE

GOOD FAITH ESTIMATE

Inner Self Care, LLC

Updated 06/01/2026

This document contains the official policies Of Good Faith Estimate for Inner Self Care, LLC.

Notice:

1. You have the right to receive a "Good Faith Estimate" explaining how much your medical care will cost. Under the law, health care providers need to give patients who don't have insurance or who are not using insurance an estimate of the bill for medical items and services.
2. You have the right to receive a Good Faith Estimate for the total expected cost of any non - emergency items or services. This includes related costs like medical tests, prescription drugs, equipment, and hospital fees.
3. Make sure your health care provider gives you a Good Faith Estimate in writing at least 1 business day before your medical service or item. You can also ask your healthcare provider, and any other provider you choose, for a Good Faith Estimate before you schedule an item or service.
4. .If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill.
5. Make sure to save a copy or picture of your Good Faith Estimate. For more information about your right to a Good Faith Estimate, visit www.cms.gov/nosurprises or call 800 -985-3059.

Inner Self Care, LLC

Good Faith Estimate:

Beginning January 1, 2022, federal laws regulating patient care have been updated to include the "No Surprises" Act. Under the law, healthcare providers need to give patients who don't have insurance or who are not using insurance an estimate of the bill for medical items and services called a "Good Faith Estimate" (GFE) explaining how much your medical care will cost.

This new regulation is designed to provide transparency to patients regarding their expected medical expenses and to protect them from surprises when they receive their medical bills. It allows patients to understand how much their health care will cost before they receive services.

There are several factors that make it challenging to provide an estimate on how long it will take for a patient to complete mental health treatment, and much depends on the individual patient(s) and their goals in seeking services. Some patients are satisfied with a reduction in symptoms while others continue longer because it feels beneficial to do so. Others begin to schedule less frequently, and may continue to come in medication management only, for "check -ins" or when issues arise. Ultimately, as the patient(s), it is your decision when to stop services or change practices.

At Inner Self Care, LLC:

Your healthcare provider(s) need to give patients who don't have insurance or choose not to use insurance an estimate of the bill for medical items and services as required by the "No Surprises Act".

A formal diagnosis occurs after an assessment has been completed. That will take place 1-5 sessions after beginning treatment . If you choose to decline a formal diagnosis, we will not update the GFE. It is within your rights to decline a diagnosis per state and federal guidelines.

Common Diagnosis Codes at Inner Self Care:

Below are common diagnosis codes at Inner Self Care; however, the list is not exhaustive. With that said, diagnosis codes can change based on many factors. Please speak to your healthcare provider(s) with any questions or concerns.

1. **Adjustment Disorder**
2. **Major Depression Disorder**
3. **Generalized Anxiety Disorder**
4. **Obsessive Compulsive Disorders**
5. **Post-Traumatic Stress Disorder (PTSD)**
6. **Attention Deficit Hyperactivity Disorder**
7. **Bipolar Disorder**
8. **Mood Disorders**
9. **Eating Disorders**
10. **Schizophrenia**
11. **Disruptive Behavior and Dissocial Disorders**

Inner Self Care, LLC recognizes every patient's journey is unique. How long you need to engage in medication management or psychotherapy is based on what your provider(s) deems medication is medically necessary. Treatment duration will be influenced by many factors including but not limited to:

- **Your schedule and life circumstances**
- **Provider availability**
- **Ongoing life challenges**
- **The nature of your specific challenges and how you address them**
- **Personal finances**

You and your provider(s) will continually assess the appropriate frequency of services and will work together to determine when you have met your goals and are ready to update your tailored treatment plan or ultimately discharge from treatment. A new "Good Faith Estimate" will be issued should your frequency or needs change.

According to the American Psychological Association, "on average 15 to 20 psychotherapy sessions are required for 50 percent of patients to recover as indicated by self-reported symptom measures."

***This APA statistic does not account for the number of appointments for medication management deemed medically necessary by your provider(s). Thus, your cost will be determined by several factors; as mental health treatment is individualized for each patient's specific needs.**

Like any other relationship, it takes time to develop a therapeutic relationship with your provider(s) and identify your treatment goals, establish a plan of action, and work towards accomplishing meetings and maintaining treatment progress. Inner Self Care, LLC believes in working together with all patients to achieve your goals and maintain a successful outcome for you, regardless of how many appointments that may take.

Common Psychotherapy Services at Inner Self Care:

90791	Therapy Intake Session/Psychiatric Diagnostic Evaluation	\$150
90837	53-60 Individual Psychotherapy Session	\$125
90847	Family or Couples psychotherapy, with patient present	\$140
90853	Group therapy session	\$50
90839	Psychotherapy for Crisis, First 60 Mins.	\$165
90840	Psychotherapy for Crisis, each additional 30 minutes	\$80

Common Medical Psychiatric Services at Inner Self Care

90792	Intake/ Psychiatric Diagnostic Evaluation With Medical Services	\$175
99214	E&M of an established patient, straightforward medical decision making.	\$100
99213	E&M of an established patient, low medical decision making	\$65
99211	Non-Controlled Medication Refill , With or Without presence of prescriber	\$30

Where Services Will be Delivered:

Inner Self Care , LLC provides services in the office and via telehealth. While rare, if deemed medically necessary, psychotherapy services may be offered in the patient's residence and/or in -community.

Inner Self Care , LLC Office Location:
3505 Pelham Rd. suite B
Greenville, SC 29615

Good Faith Estimate for Psychotherapy:

For a Good Faith Psychotherapy Estimate:

The amount you would owe if you were to attend therapy for 52 sessions in a year (weekly, without skipping any weeks for holidays, break, vacation, unplanned events/sickness, etc.). The "Good Faith Estimate" requires practitioners to provide an estimate based on each patient's needs; thus out of an abundance of caution and transparency, we will only quote weekly appointments.

- **90791:** Intake/Psychiatric Diagnostic Evaluation (\$150); Billed up to 1 times/year : \$150
 - **90837:** 60 Min .Individual Sessions (\$125); Billed biweekly 26 times/ year: \$3250
- GFE Example: \$3400 Year**

Good Faith Estimate for Medical Psychiatric Services at Inner Self Care

- **90792:** Intake/ Psychiatric Diagnostic Evaluation With Medical Services (\$150); Billed 1 time/ year: \$175
 - **99214:** Evaluation & Medication Management 30 Mins (\$100); Billed monthly 12 Times /year: \$1,200
- GFE Example: \$1,375 Year**

The above examples are provided to give an idea of the financial expectations for a calendar year. The frequency and duration are dependent on your individual needs and goals.

We are happy to answer any questions you may have about the "No Surprises" Act and Good Faith Estimates. Inner Self Care , LLC provides transparency to patients regarding our billing practices. Please know that the Good Faith Estimate does not change any agreements you have already made with us regarding self pay. Your review of this form and signature is required so that we can demonstrate our compliance with the mandate. If you have questions or concerns about the Good Faith Estimate or the No Surprises Act, please reach out to us at **864 -551-8022** or email us at **contact @innerself -care.com**.

Patient's E -Signature & Date:

I also give consent for my electronic signature and date to serve as my legal signature, printed name and date; I also agree that I have been notified that if I do not agree to allow my electronic signature to serve as my legal signature, I am free to print this document, sign, and upload to my patient portal upon completion of my wet signature/signing of this document.

Patient Name:

(Print): Patient Signature:

Date:

If Minor Patient:

Guardian Name (Print) :

Guardian Signature:

Date: