



# Hawthorn Counseling Group

1580 South Milwaukee Avenue, Suite 305, Libertyville, IL 60048 • (847) 680-0755 • [www.hawthorncounseling.com](http://www.hawthorncounseling.com)

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**Patient Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Good Faith Estimate Information and Worksheet

Federal laws regulating client care have been updated to include the “No Surprises” Act. Under the law, healthcare providers need to give patients who do not have health insurance or who are not using health insurance an estimate of the bill for anticipated medical items and services which may be provided. This estimated is called a “Good Faith Estimate” (GFE) and it is intended to forecast how much the services provided by Hawthorn Counseling Group (HCG) could cost. There are a number of factors that make it challenging to provide an estimate on how long it will take for a patient to complete a course of counseling and much depends on the individual client and their goals in seeking therapy. How long you need to engage in therapy and how often you attend sessions may be influenced by many factors including

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

You and your provider will continually assess the appropriate frequency of therapy and will work together to determine when you have met your goals and wish to discontinue service. There are research findings regarding duration of psychotherapy. According to the American Psychological Association, “on average 15 to 20 sessions are required for 50 percent of patients to recover as indicated by self-reported symptom measures” (1). Additionally, it is noted that psychotherapy is sometimes practice in a manner which provides for “longer periods (e.g., 20 to 30 sessions over six months), to achieve more complete symptom remission and to feel confident in the skills needed to maintain treatment gains”. The duration of a course of counseling, then, may depend on several factors because everyone has unique counseling goals. Whatever your number of sessions will be, we will work together to meet your needs. The “No Surprises Act” requires that a formal diagnosis is developed at the outset of services. A provisional, “rule-out” diagnosis may be provided when you arrange your first appointment, as is required by the “No Surprises Act. Your HCG provider will develop a formal diagnosis after an assessment has been completed, which typically is completed during the first one or two sessions. Feel free to inquire about your diagnosis, or any other aspect of your care, at any time.

The Hawthorn Counseling Group fee schedule is posted at [www.hawthorncounseling.com](http://www.hawthorncounseling.com) and is excerpted below:

### Psychotherapy Services

90791, Diagnostic Evaluation	\$240.00
90832, Psychotherapy, 30 min, with patient and/or family member	\$120.00
90834, Psychotherapy, 45 min, with patient and/or family member	\$180.00
90837, Psychotherapy, 55 min, with patient and/or family member	\$240.00
90847, Family/conjoint psychotherapy w/ patient present, (45 min)	\$180.00
90846, Family/conjoint psychotherapy w/out patient present (45 min)	\$180.00

### Where services will be delivered

Psychotherapy services provided by Hawthorn Counseling Group will be provided at: Hawthorn Counseling Group, 1580 South Milwaukee Avenue, Suite 305, Libertyville, IL 60048. Telehealth services will be delivered via necessary supporting technology/devices per prior consent.

Hawthorn Counseling Group is a registered dba in the State of Illinois for John D. Jochem, Psy.D., P.C.

**Provider Information**

Provider Name: John D. Jochem, Psy.D.  
 Provider NPI: 1376575027

TIN: 36-4244665

**Good Faith Estimate**

As noted above many patients achieved significant improvement after 15-20 sessions, however the duration of anyone’s course of counseling will vary a great deal. It is rare, but possible, that a patient would be seen each and every week for a duration of 12 months. The following Good Faith Estimate is based upon the amount you would owe if you were to attend therapy for 52 sessions in a year (weekly, for 12 months, without skipping any weeks for holidays, break, vacation, unplanned events/sickness, etc.). The "No Surprises Act" requires practitioners to provide an exact estimate and not a range. Out of an abundance of caution and transparency, in an effort to comply with the "No Surprises Act" we will provide the cost of psychotherapy if sessions occurred weekly without interruption for a period of 52 weeks.

**Good Faith Estimate of 12-month Course of Psychotherapy, 52 Sessions**

Service	Charge per unit	Number of possible units	Total Charges
90791, Diagnostic Evaluation	\$240	2	\$480
90837, Psychotherapy, 55 min, with patient and/or family member	\$240	50	\$12,000
Total <i>possible</i> charges			\$12,480

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

**Disclaimer**

This Good Faith Estimate, prepared by John D. Jochem, Psy.D., P.C., for the above-named patient, shows the costs of services that are reasonably expected for the expected services to address your mental health care needs. The estimate is based on the information known to us when we prepared the estimate. The Good Faith Estimate does not include any unknown or unexpected costs that may arise during treatment. You could be charged more if complications or special circumstances occur. If this happens, federal law allows you to dispute (appeal) the bill. If you are billed for \$400 more (per provider) than this Good Faith Estimate (GFE), you have the right to dispute the bill. You may contact Hawthorn Counseling Group at the contact listed above to let them know the billed charges are at least \$400 higher than the GFE. You can ask them to update the bill to match the GFE, 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 GFE. 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: [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) or call CMS at 1-800-985-3059. For questions or more information about your right to a Good Faith Estimate or the dispute process, visit [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) or call CMS at 1-800-985-3059. This GFE is not a contract. It does not obligate you to accept the services listed above.