

Good Faith Estimate

Fowler and Tidwell Counseling

(TIN: 81-1176067)

7660 Woodway Drive Suite 585

Houston, Texas 77063

(832) 831-8379 | mail@fowlerandtidwell.com

Provider List

- Judi Turner, LPC [NPI: [1730741943](#)]
- Carol Giardana, LPC [NPI: [1720216997](#)]
- Samantha Thornton, LPC [NPI: [1205089349](#)]
- Deanna Diamond, LPC [NPI: [1487313391](#)]
- Carla Wiltshire [NPI: [1245994201](#)]

Total Expected Charges:

Individual Annual Session Maximum = \$5801.34 to \$2080.00*

*Based on 52 weekly sessions at \$109.04-\$50 per session + \$131.26-\$40 initial session

The following is a detailed list of expected charges. The estimated costs are valid for 12 months from the date of the Good Faith Estimate.

- Initial Service (90791) : \$131.26 - \$40
- Primary Ongoing Service (90837, 90834, 90832, 90847) : \$109.04 - \$40
- Paperwork or Extensive Correspondence : \$85 (per hour prorated at quarter hour increments)
- LPC Cash Rate per Session : \$125
- LPC Same Day Cancellation/ No Show : \$85
- LPC-Associate Cash Rate per Session : \$60
- LPC- Associate Same Day Cancellation/No Show : \$60
- Paperwork or Extensive Correspondence: \$60 (per hour prorated at quarter hour increments)
- Group Therapy Rate : \$60 per session
- Court Services (3 Hour Minimum) = \$375 + \$125 for each additional hour

Length of Service

Psychotherapy services can range from two days, to two months, to a year or more. The length of time you will need to be in therapy is based on your therapeutic goals, your overall wants and needs, and any psychosocial/financial barriers that may arise. With this being said, communication is key to any healthy relationship. Should a financial hardship occur, you are encouraged to discuss your situation with Fowler & Tidwell Counseling to determine the best resolution as it pertains to your continuity of care and the therapeutic relationship. Should more time be required to meet your therapeutic goals, Fowler and Tidwell Counseling will discuss with you your options with you at which time a new Good Faith Estimate will be created, your therapeutic services will end, or you are referred to another provider.

The above listed total estimated psychotherapy cost is based on a 52 week structure at the individual rate of \$109.04-\$40 per one session a week and intake fee of \$131.26-\$40 equating to \$5801.34 to \$2080.00. These totals DO NOT account for no show/late cancellation fees, bank charges, crisis sessions, non-therapeutic charges e.g. documentation fees, banking fees, court/litigation fees, anger management, life skill services, or other financial arrangements based on a case-by-case basis. You are encouraged to carefully read the 'Practice Policies, Disclosure, and Financial Responsibility' for complete details regarding fee schedule.

Disclaimer

This Good Faith Estimate shows the costs of items and services that are reasonably expected for your health care needs for an item or service. The estimate is based on information known at the time the estimate was created. 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 more than this Good Faith Estimate, you have the right to dispute the bill. You may contact the health care provider or facility listed to let them know the billed charges are higher than the Good Faith Estimate. You can ask them 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 www.cms.gov/nosurprises or call HHS at (800) 368-1019. For questions or more information about your right to a Good Faith Estimate or the dispute process, visit www.cms.gov/nosurprises or call (800) 368-1019.

Keep a copy of this Good Faith Estimate in a safe place or take pictures of it. You may need it if you are billed a higher amount.