



Good Faith Estimate Form

Clarity Counseling is an Out-Of-Network group practice (OON). Clarity's cost of services are listed in the Welcome Packet and below.

You have the right to receive a 'Good Faith Estimate' (GFE) 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.
- 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.
- 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 health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule an item or service.
- If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill.
- Make sure to save a copy or picture of your Good Faith Estimate

For questions or more information about your right to a Good Faith Estimate, visit www.cms.gov/nosurprises.

Clarity Counseling's 2022-2023 Rates

Clinical Services in NOVA/MD/NC area:

(90791) Initial Assessment 75 minute diagnostic and planning appointment \$220

(90832) 30 minute Individual Therapy session \$90

(90834) 45 minute Individual Therapy session \$145

(90837) 50-60 minute therapy session \$165

(90847 or 90846) 50 minute family therapy session \$180

75 minute therapy session \$210

Richmond Rates (For clients based in the Richmond area):

Initial Assessment 75 minute diagnostic and planning appointment \$180

45 minute Individual Therapy session \$125

50-60 minute therapy session \$140

30 minute therapy session \$80

50 minute family therapy session \$155

75 minute therapy session \$160

CLARITY COUNSELING, LLC

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Fees for LMSW/MA providers:

- Initial Assessment 75 minute diagnostic and planning appointment with Supervisee or LSW \$170
- 45 minute Individual Therapy session with Supervisee or LSW/MA working toward licensure \$100
- 30 minute Individual Therapy session with Supervisee or LMS/MA working toward licensure \$70
- 50-60 minute therapy session with Supervisee or LMSW/MA working toward licensure \$130
- 50-60 minute family therapy session with Supervisee or LMSW/MA working toward licensure \$160

Description of individual and family therapy is as follows:

- Cognitive Behavioral Therapy*
- Dialectical Behavioral Therapy*
- Eating Disorder Treatment: which will most likely be a mix of CBT/DBT/FTB and ERP and collaborative work with RD, MD, group therapist, and family therapist*
- Cognitive Processing Therapy*
- Family Based Therapy (Maudsley Treatment)*
- Psychodynamic*
- Exposure Response Therapy*
- Motivational Interviewing*
- Multi-Systematic Therapy*

Phone and Virtual Sessions ***please note these services are typically not covered under insurance. Please check with your insurance provider to inquire about reimbursement for services offered virtually or on the phone.*

- \$90 per 30 minute segment
- \$145 for 45 minutes
- \$55 per 15 minutes (Phone Consultation)
- 15 minutes \$40 (Email Review)

Groups: (90853)

- In person and Virtual Process Groups held in Gainesville (and virtually) \$80 per group
- 13-Week DBT Skills Group held in Gainesville (and virtually) \$100 per group
- 8-Week Teen Process Group \$80 per group held in Gainesville (and virtually) for \$80 per group
- DBT Focus Group \$80 per group held in Gainesville (and virtually) for \$80 per group
- Eating Disorder Support Group held in Gainesville (and virtually) for \$80 per group

Case Management: \$90 per hour: these fees are typically incurred during placement into a treatment center or emergency treatment at a hospital or inpatient setting. Fees cover additional documents and reports written for securing placement as well as phone consultations with potential providers as well as with family members. Emergency phone sessions are assessed at the current phone session rate.

By signing below, I acknowledge that I read the Good Estimate Form and understand and are in agreement with the fees and treatment offerings at Clarity Counseling.

Signature of Client Date

Signature of Parent/Guardian (if applicable) Date

Primary Therapist Date