

Good Faith Estimate

Provider Estimates:

Miya Moore-Felton, PhD, LMFT/LPCC: Initial psychiatric diagnostic evaluations and assessments for new mental health concerns (CPT Code: 90791): \$200; 60-Minute Individual/Family Psychotherapy (CPT Code: 90837): \$175.00; 90-Minute Individual/Family Psychotherapy (CPT Code: 90847): \$225

Khea Gumbs, LMFT: Initial psychiatric diagnostic evaluations and assessments for new mental health concerns (CPT Code: 90791): \$200; 60-Minute Individual/Family Psychotherapy (CPT Code: 90837): \$175.00; 90-Minute Individual/Family Psychotherapy (CPT Code: 90847): \$225

D'nicole Parks, LCSW: Initial psychiatric diagnostic evaluations and assessments for new mental health concerns (CPT Code: 90791): \$200; 60-Minute Individual/Family Psychotherapy (CPT Code: 90837): \$175.00; 90-Minute Individual/Family Psychotherapy (CPT Code: 90847): \$225

Alisha Ellison, PMHNP: Psychiatric Diagnosis Interview Examination (PDE) with medical services (CPT Code: 90792): \$250; 30-Minute Psychotherapy (CPT Code: 90832): \$225.00; 60-Minute Individual/Family Psychotherapy (CPT Code: 90837): \$275.00

Ericka Ellison, PMHNP: Psychiatric Diagnosis Interview Examination (PDE) with medical services (CPT Code: 90792): \$250; 30-Minute Psychotherapy (CPT Code: 90832): \$225.00; 60-Minute Individual/Family Psychotherapy (CPT Code: 90837): \$275.00

Amy McClelland, AMFT: Initial psychiatric diagnostic evaluations and assessments for new mental health concerns (CPT Code: 90791): \$200; 60-Minute Individual/Family Psychotherapy (CPT Code: 90837): \$175; 90-Minute Individual/Family Psychotherapy (CPT Code: 90847): \$225

Ayana Lassiter-Dummond, APCC: Initial psychiatric diagnostic evaluations and assessments for new mental health concerns (CPT Code: 90791): \$200; 60-Minute Individual/Family Psychotherapy (CPT Code: 90837): \$60; 90-Minute Individual/Family Psychotherapy (CPT Code: 90847): \$175

All Clinicians: Writing professional letters, assessments, forms: \$175.00 per hour

All Clinicians: Court appearances: \$225.00 per hour plus travel expenses

All Clinicians: Late cancel or no-show: 100% session fee

All Clinicians: Record requests: \$25 per request

Provider name: Miya Moore-Felton, LMFT/LPCC

Provider: Healing Spot Counseling Center Inc
Street address: 5065 Deer Valley Rd Ste.111 Antioch, CA 94531
Contact person: Miya Moore-Felton, PhD, LMFT/LPCC
Phone: (925) 434-8506
Email: miya@healingspotcounseling.com
National Provider Identifier (NPI): 1528754975
Taxpayer Identification Number (TIN): 92-2886360
Total Expected charges for facility/ Services:
Multiply session rate by number of sessions to achieve total expected charges=
\$ _____

Disclaimer

You have a right to receive a “Good Faith Estimate” explaining how much your medical and mental health care will cost.

Under the law, healthcare providers are required to provide patients who do not have insurance or who are not using insurance an estimate of the expected charges for medical services, including psychotherapy services.

You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency healthcare services, including psychotherapy services.

You can ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule a service.

If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill. There is a \$50 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. 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 or call (800) 985-3059.