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Good Faith Estimate (GFE) Table of Services and Fees

The amount below is only an estimate; it isn't an offer or contract for services. This estimate shows the full estimated costs of the items or services listed. It doesn't include any information about what your health plan may cover. This means that the final cost of services may be different than this estimate. Contact your health plan to find out how much, if any, your plan will pay and how much you may have to pay.

Service Code: 90791

Description: Initial Diagnostic Evaluation

Fee for Service (Number of sessions will be determined as we progress): \$150

Service Code: 90837

Description: Psychotherapy Greater than 53 minutes

Fee for Service (Number of sessions will be determined as we progress): \$150

Service Code: 90847

Description: Family Psychotherapy (Conjoint Psychotherapy) (with patient present)

Fee for Service (Number of sessions will be determined as we progress): \$175

Service Code: 90846

Description: Family Psychotherapy (without the patient present)

Fee for Service (Number of sessions will be determined as we progress): \$175

Service Code: Cancelation Fee

Description: Your Therapist Requires a 24-Hour Cancelation Fee

Fee for Service (Number of sessions will be determined as we progress): \$150 or \$175, depending on session type

Service Code: Production of Records

Description: Request of records or reports for non-legal issues.

Fee for Service (Number of sessions will be determined as we progress): Prorated based on the amount of time spent at hourly rate

Service Code: Legal Fees

Description: Legal Fees-Any request made for legal purposes.

Fee for Service (Number of sessions will be determined as we progress): \$200.00 per hour Prorated based on the amount of time spent

Service Code: Total Estimate

Description: This Good Faith Estimate explains your therapist's rate for each service provided. Your therapist will collaborate with you throughout your treatment to determine how many sessions and/or services you may need to receive the greatest benefit based on your diagnosis(es)/presenting clinical concerns.

Sample Total Estimates (depending on treatment frequency):

"Depending on progress and goal attainment, I anticipate your treatment will require weekly 55-minute psychotherapy sessions throughout the next 12 months at \$150 per session for a total of approx. 44 weeks taking into consideration vacations, holidays, emergencies and sick time for an estimated total of \$150 x approx. 44."

"I anticipate your treatment will require biweekly 55-minute psychotherapy sessions throughout the next 12 months at \$150 per session. Depending on progress and goal attainment, you may need between 15 to 30 sessions this year. At \$150 per session, the estimated total costs are between 15 weeks x \$150 per session and 30 weeks x \$150 per session."

"Depending on progress and goal attainment, I anticipate your treatment will require monthly 55-minute psychotherapy sessions throughout the next 12 months at \$150 per session for a total of approx. 12 months taking into consideration vacations, holidays, emergencies and sick time for an estimated total of \$150 x approx. 12."

Federal Tax ID - 844794769

This is not a contract. This document is purely informational. In signing, a client is acknowledging receipt of this information only and not agreeing to receive services.