

Good Faith Estimate

Jamelyn Keatts, LMHC
619 N. 35th St. #313
Seattle, WA 98103
License #LH60498732
NPI# 1467841460
EIN # 81-4793672

No Surprises Act

Chances are you or someone who you know have been impacted by a surprise healthcare bill. The No Surprises Act is intended to protect folks from unexpected, expensive bills for out-of-network treatment.

Effective January 1, 2022, all state-licensed or certified healthcare providers are required to provide a Good Faith Estimate of healthcare charges to every new and continuing client who is either uninsured, receiving out of network services, or is not planning to submit a claim to their insurance.

You have the right to receive a Good Faith Estimate explaining estimated costs of the medical and mental health care services you are receiving.

This consent form is intended to offer a full disclosure of my practice fees and billing policies so you know exactly what to expect throughout our work together.

This estimate of your costs is only an estimate, and your actual charges may differ. You have the right to change the course of your treatment, including increasing the frequency of meetings or requesting additional services, which will be scheduled and billed separately. You have the right to initiate the patient-provider dispute resolution process if the charges you are actually billed substantially exceed the expected charges in this estimate. This estimate of costs is not a contract and does not obligate you to obtain clinical services from me.

To learn more about the No Surprises Act, visit [cms.gov/nosurprises](https://www.cms.gov/nosurprises)

Fees & Billing Policies

Fees

Fees are based on session length and type. Fees *do not* vary based on diagnosis.

50-minute psychotherapy session — \$165 (90837)

Format

I provide psychotherapy in person and via telehealth. The cost for either format is the same, based on the session length and type outlined above.

Frequency

I work with clients on a weekly cadence. The frequency of sessions may be more or less than once per week, depending on your clinical needs.

Diagnosis

I am not able to propose an appropriate diagnosis or specific course of treatment for you until we have spent some time together. As soon as I am able to identify a diagnosis and an appropriate course of treatment I will openly discuss this with you.

Calculating Your Estimate

To estimate your expected costs for psychotherapy, multiply the session fee that applies by the number of weeks you desire to be in therapy. Clients engaging in weekly psychotherapy for one year can expect to receive 50 sessions per calendar year.

Client Information

The No Surprises Act requires all individuals receiving healthcare services to provide the following information.

Your full name:

Your date of birth:

Please Select the type of psychotherapy you anticipate receiving from Jamelyn Keatts:

- 50-minute psychotherapy session — \$165

Please select your anticipated cadence for receiving these services:

- Weekly (approximately 48-50 sessions per year)
- Other

Consent

I consent to receive psychotherapy from Jamelyn Keatts Psychotherapy, PLLC. I understand the cost of the healthcare services I intend to receive. I understand that the information provided in this document is not binding. I have the right to make changes to my treatment or terminate psychotherapy at any time. At any time I have the right to request an updated cost estimate.

By signing this disclosure I acknowledge that Jamelyn Keatts, LMHC has informed me of the No Surprises Act and has provided resources to offer a good faith estimate for the services I anticipate engaging in.

Client Signature

Date

This form will be retained in your medical record.