
FORENSIC COUNSELING SERVICES

Aaron Robb, Ph.D., LPC-S
Program Director

Mailing address:
2831 Eldorado Pkwy, Ste. 103-377, Frisco, TX 75033

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www.texascounseling.org

Good Faith Estimate for Health Care Items and Services

Patient		
Patient First Name	Middle Name	Last Name
Patient Date of Birth:		
Patient Mailing Address, Phone Number, and Email Address		
Street or PO Box:		Apartment:
City:	State:	ZIP Code:
Phone		
Email Address:		
Patient's Contact Preference: <input type="checkbox"/> By mail <input type="checkbox"/> By email		
Patient Diagnosis		
Primary Service or Item Requested/Scheduled: Counseling		
Patient Primary Diagnosis: <i>To Be Determined</i>	Primary Diagnosis Code: <i>N/A</i>	
Patient Primary Diagnosis: <i>To Be Determined</i>	Primary Diagnosis Code: <i>N/A</i>	
If scheduled, list the date(s) the Primary Service or Item will be provided: <input checked="" type="checkbox"/> Check this box if this service or item is not yet scheduled		
Summary of Expected Charges (See the itemized estimate attached for more detail.)		
Provider name: Aaron Robb, Ph.D., LPC-S	Estimated Total Cost: \$250.00 per hour	
Total Estimated Cost:	TBD (see below)	

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

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 (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 (800) 368-1019.

<p>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.</p>

Aaron Robb, Ph.D., LPC-S Estimate

Provider/Facility Name Aaron Robb, Ph.D., LPC-S	Providers/Facility Type Licensed Professional Counselor
Street Address: Mailing address 2831 Eldorado Parkway, Suite 103-377	
City: Frisco	State: Texas
	ZIP Code: 75033
Contact Person: Aaron Robb, Ph.D., LPC-S	Phone: 972-360-7437
	Email: FCSEOffice@texascounseling.org
National Provider Identifier 1083820328	Taxpayer Identification Number 46-5509189

Details of Services and Items for Aaron Robb, Ph.D., LPC-S

Service/Item	Address where service/item will be provided	Diagnosis Code	Service Code	Quantity	Expected cost
Counseling/therapy; report writing, phone calls, travel, correspondence, and other administrative costs	4875 Preston Road, Frisco, TX 75033 and via telepresence	To Be Determined	To Be Determined	The number of total sessions in treatment, length of sessions, and quantity of administrative services are unknown at the outset and are based on patient’s needs, presenting clinical concerns, issues raised in treatment, and progress made in treatment.	Dr. Robb’s hourly fee is \$250.00 per hour, billed in quarter hour increments. The ultimate total fee for this service will be the number of hours utilized multiplied by the hourly fee.
Court Appearances	District Court	To Be Determined	To Be Determined	The number of anticipated court appearances is unknown and outside of the control of Dr. Robb.	Dr. Robb’s hourly fee for court appearances is \$350.00 per hour, with a three-hour minimum. Additional late notice fees of \$250.00 attach for

					any appearance request received without a minimum notice of seven business days. The ultimate total fee for this service will be the number of hours utilized multiplied by the hourly fee, along with the addition of any late notice fee.
Third party record costs and other out of pocket expenses incurred by provider	To Be Determined	To Be Determined	To Be Determined	To Be Determined	At cost.

Good Faith Estimate Acknowledgement

Your signature below indicates that your provider (or provider’s representative) has gone over this Good Faith Estimate with you any questions or concerns have been addressed. Thank you!

Printed name of patient

Date completed

Patient’s signature

or

Parent/guardian/authorized representative signature