

Good Faith Estimate



By Federal law, health care providers including mental health providers are required to provide information about costs involved in care for individuals utilizing private pay and/or out of network benefits. This information allows you to plan for costs involved in treatment. Please note: This is not a contract, nor a guarantee of treatment trajectory or outcomes. It is only an estimate of the total cost of treatment.

Provider:

Second Fruit Wellness Services LLC TIN 851240747
Tiffany Aisha Edwards, LMHC NPI 1679749022
2800 E Evergreen Blvd Suite A
Vancouver WA 98661

Services provided/CPT code:

Psychiatric Diagnostic 90791 \$150
Psychotherapy 30 mins 90832 \$62.5
Psychotherapy 45 mins 90834 \$93.75
Psychotherapy 60 mins 90837 \$100-\$125 sliding scale
Psychotherapy Crisis 15 mins 90839 \$37.75
Group Therapy 90853 \$45
Family/Couples Therapy 90847 \$145

Somatic trauma therapy is a depth and attachment oriented approach to mental health treatment. On average, I see my patients for 3 years individually. Some clients I see for as few as 2 years while some remain for 6-7 years. Treatment usually progresses from weekly sessions to biweekly sessions to PRN sessions based on clinical need. I cannot predict from the outset of treatment the exact length of treatment, the estimated length until step down or the duration that each patient continues in maintenance treatment. Unlike medical care, step down is a collaborative decision made between patient and therapist in mental health. You and I will have ongoing conversations about your readiness for step down over the course of treatment.

Although treatment may last multiple years, we will complete a good faith estimate annually per federal law.

Furthermore, over the length of treatment, some patients take treatment breaks for periods, lengthening the overall duration of treatment. At times, this is not considered detrimental for treatment. An ongoing conversation about intermittent treatment episodes may also be a part of your care.

Typically, we will do one intake session and 60 mins individual sessions. You and I will select a sliding scale rate for your 60 min sessions and keep that rate unless we discuss changing it. Rates for couples and diagnostic sessions are reduced from full price but not sliding scale. If rates change, you will be notified in advance at least 30 days and in writing. All services are billed after they are rendered, generally within 24 hours of the date of service.

Often over the course of treatment, I make recommendations or referrals to other providers for ancillary care. The costs in this estimate do not include those recommendations. Those recommendations are not required and you are not obliged to follow them.

If you have disputes about costs or billing, please contact me via email as soon as possible to address the dispute. Any dispute brought to my attention will not impact the quality of your treatment.

Full Name _____

Date of Birth _____

Date of Estimate _____

Recommended services and frequency:

Fee Agreement per Service:

Estimated Length of Treatment:

Estimated Cost:
