GOOD FAITH ESTIMATE FOR HEALTHCARE SERVICES

Provider name: Jennifer L. Weiher, LCSW
License #: LCSW85367
Provider/facility type: Private practice, individual office - Carmel Professional Center
Address: 26485 Carmel Rancho Blvd., Suite 5, Carmel CA 93923
Phone: 831/200-3634
Email: jenweiherlcsw@gmail.com
National Provider Identifier (NPI): 1134554207
Taxpayer Identification Number (TIN): 84-4940813

You are entitled to receive this "Good Faith Estimate" of what the charges could be for psychotherapy services provided to you. While it is not possible for a psychotherapist to know in advance how many psychotherapy sessions may be necessary or appropriate for a given person, this form provides an estimate of the cost of services provided. Your total cost of services will depend upon the number of psychotherapy sessions you attend, your individual circumstances, and the type and amount of services that are provided to you. This estimate is not a contract and does not obligate you to obtain any services from the provider(s) listed, nor does it include any services rendered to you that are not identified here.

This Good Faith Estimate is not intended to serve as a recommendation for treatment or a prediction that you may need to attend a specified number of psychotherapy visits. The number of visits that are appropriate in your case, and the estimated cost for those services, depends on your needs and what you agree to in consultation with your therapist. You are entitled to disagree with any recommendations made to you concerning your treatment and you may discontinue treatment at any time.

If you wish to receive this estimate via e-mail, US Postal Service or in-person, please indicate such and I will accommodate your request.

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The following is a detailed list of expected charges. The estimated costs are valid through the end of the calendar year.

Primary service or item:	Psychotherapy, 50-minute session	**In-office service code:** 90834 **Telehealth service code:** 90834-95

Scheduled dates of service (range): January 1, 2026 through December 31, 2026

Provider Estimate

Details of Services and Items and Expected Charges

The fee for a 50-minute psychotherapy visit (in person or via telehealth) is $185. Most clients will attend one psychotherapy visit per week, but the frequency of psychotherapy visits that are appropriate in your case may be more or less than once per week, depending upon your needs. Additionally, as therapy may change over the course of the year, i.e. you may not desire or you may not need a weekly session consistently, I am providing estimates for multiple scenarios below for **50-minute sessions** based on a fee of $185 per visit and 52 weeks:

1. One week of services, one session: *$185*

2. Estimate for one weekly session for 52 weeks over the course of 12 months: *$185 x 52 weeks = $9,620 for the year.*

3. If you attend therapy every other week for 52 weeks (26 sessions), your estimated costs will be: *$185 x 26 = $4,810 for the year.*

4. If you attend therapy once per month (12 sessions), your estimated costs will be: *$185 x 12 = $2,220 for the year.*

A client may occasionally request a longer session which will affect the estimate. *If you opt for longer or more frequent sessions than the examples above, the estimated cost will increase and I will provide you with a new estimate when you book your appointment.*

Additional health care provider/facility notes: For clients engaging in Telehealth psychotherapy sessions, the address of services is also 26485 Carmel Rancho Blvd., Suite 5, Carmel CA 93923 as listed above.

Jennifer L. Weiher, LCSW85367

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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 only an estimate and is based on information known at the time the estimate was created; actual services or charges may differ. For example, the estimate does not include any recommendations for additional services that may be made in the future, if I think that additional services are in your best interest; it also does not include 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.

You have a right to initiate a dispute resolution process if the actual amount charged to you substantially exceeds the estimated charges stated in your Good Faith Estimate (which means $400 or more beyond the estimated charges). Be assured that initiating such a process will not affect the quality of services rendered.

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 are encouraged to speak with your provider at any time about any questions you may have regarding your treatment plan, or the information provided to you in this Good Faith Estimate.

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 HHS at (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 call (800) 368-1019.

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.

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