



Beacon Psychology Services, LLC

Good Faith Estimate for Psychological Services (Intake)

Under federal law, I understand that I have the right to receive a Good Faith Estimate for the expected cost of health care services that I will be obtaining at Beacon Psychology Services. I acknowledge that the following information was shared with me regarding psychological testing services that I have requested.

I understand that this is not a contract and does not require me to obtain these services. I understand that this is an estimate, and that the actual cost of services may be lower or higher than this good faith estimate. I also understand that additional services may be recommended as part of the course of care that are not reflected in this good faith estimate and would need to be requested separately. I further understand that I have the right to initiate a patient-provider dispute resolution process if the actual billed charges substantially exceed the expected charges in the good faith estimate, and that doing so will not affect the quality of care that I receive.

Date ReceivedPatient or Parent/Guardian Signature

Name of Patient: _____ DOB: _____

Current diagnosis: 799.99 (Diagnosis deferred until psychological testing is completed)

Services to be provided: Intake appointment (60-90 minutes)

Time period for services to be provided: _____

Services provided by: Jennifer Horn, PhD, HSPP and/or Emily Duhn, EdS, NCSP (TIN 27-1799351)

Services to be Rendered	CPT code	Estimated Cost
Intake appointment	90791	\$300