Paul Olander
change is now

Paul Olander, LCSW
Change Is Now LLC
2751 Buford Hwy NE
Suite 402
Atlanta, GA 30324
404-276-0034/paul.olander@comcast.net/www.paulolander.com

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: ☐ By mail ☐ By email		
Patient Diagnosis		
Primary Service or Item Requested/Scheduled (Please see attached for a list of itemized services and fees)		

Patient Primary Diagnosis	Primary Diagnosis Code
TBD	N/A
Patient Secondary Diagnosis	Secondary Diagnosis Code
TBD	N/A

If scheduled, list the date(s) the Primary Service or Item will be provided: [ ] Check this box if this service or item is not yet scheduled	
Date of Good Faith Estimate: _____/_____/_____ **Summary of Expected Charges** (See the itemized estimate attached for more	
Provider Name	Estimated Total Cost **TBD**
Total Estimated Cost: $ TBD (See below)	

The following is a detailed list of expected charges for psychotherapy, scheduled for

(Date of Service): _____

"The estimated costs are valid for 12 months from the date of the Good Faith Estimate."

Paul Olander, LCSW Estimate

Paul Olander, LCSW		Community Psychotherapy
2751 Buford Hwy NE, Suite 402		
Atlanta	GA	30324
Contact: Paul Olander	404-276-0034	Paul.olander@comcast.net
National Provider Identifier:		

Details of Services and Items for Paul Olander, LCSW dba Change Is Now LLC

Service/Item	Address where service/item will be provided	Diagnosis Code	Service Code	Quantity	Expected Cost
Psychotherapy	2751 Buford Hwy NE, Suite 402, Atlanta, GA 30324 or via Telehealth	TBD	90837	Your therapist will collaborate with you throughout your treatment to determine how many sessions and/or services you may need to receive the greatest benefit based on your diagnosis(es) or presenting clinical concerns.	This Good Faith Estimate explains your therapist's rate for each service provided. Please note the expected cost is based on the fee times the number of

					sessions needed as determined in collaboration with your therapist.

Total Expected Charges from Paul Olander, LCSW **$ TBD as stated above**

GOOD FAITH ESTIMATE
TABLE OF SERVICES AND FEES

Client Name: _____

Date of Service (If Known)	Service code (CPT Code)	Description	Fee for Service (Number of Sessions Will Be Determined as We Progress)
	90837	Psychotherapy ≥ 53 minutes (This fee is my hourly rate & used for all prorated calculations as indicated)	$250
	90853	Group Psychotherapy	$250
	90785	Psychotherapy Add-on 30 minutes	$125
	98966-98968	Telephone Assessment & Management	Prorated based on the amount of time spent at hourly rate
	98970-98972	Online Digital Evaluation & Mgt (Responding to Email & Text Messages)	Prorated based on the amount of time spent at hourly rate
	Cancelation Fee	Your Therapist Requires a 24-Hour Cancelation Fee	You are Responsible for the Fee for the Missed Appointment
	Production of Records		Prorated based on the amount of time spent at hourly rate
	Legal Fees		Prorated based on the amount of time spent at hourly rent
	Total Estimate:	This Good Faith Estimate explains your therapist's rate for each service provided. Your therapist will collaborate with you throughout your treatment to determine how many sessions and/or services you may need to receive the greatest benefit based on your diagnosis(es)/presenting clinical concerns.	

Please note that Place of Service (in office vs. telemental health) is not delineated above since the charges are identical.

GOOD FAITH ESTIMATE SIGNATURE PAGE

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!

_____ or _____

Patient's signature — Guardian/authorized representative's signature

_____ _____

Print name of patient — Print name of guardian/authorized representative

_____ _____

Date and time of signature — Date of signature