



913.346.1516 | attachmentandtraumatherapy.com



913.229.5691  
foxchildtherapy.com

**Missouri**  
222 W Gregory Blvd, Ste 120, Kansas City  
9200 NE Barry Rd, Ste 110, Liberty  
2900 NE 60th St, Ste 206, Gladstone

**Kansas**  
7223 W 95th St, Ste 220 & 300, Overland Park  
25255 W. 102nd Terrace, Suite 200, Olathe

## Good Faith Estimate

**Provider Name:** Attachment and Trauma Therapy dba Fox Child and Family Therapy

**NPI:** 1720592330 | **Tax ID:** 81-256-8820

Client Last Name

Client First Name

Date of Birth

### Services will be provided at one of the following locations:

7223 W 95th St. Suite 220 Overland Park, KS 66212

7223 W 95th St. Suite 300 Overland Park, KS 66212

222 W Gregory Blvd. Suite 120 Kansas City, MO 64114

9200 NE Barry Rd. Suite 110 Liberty, MO 64157

25255 W. 102nd Terrace, Suite 200, Olathe, Kansas 66061

2900 NE 60th St Suite 206, Gladstone, MO 64119

### Patient Treatment will be one of the following:

Individual Therapy (\$140.00) | Family Therapy (\$140.00) | Therapy provided by Student Intern (\$60.00)

**Diagnosis Code:** To be determined or provided by request

Total estimated cost for one year of services:	Total estimated cost for one year of services with Student Intern Therapist:
<u>Weekly (\$140.00 x 52) <b>\$7280.00</b></u>	<u>Weekly (\$60.00 x 52) <b>\$3120.00</b></u>
<u>Bi-Weekly (\$140.00 x 26) <b>\$3640.00</b></u>	<u>Bi-Weekly (\$60.00 x 26) <b>\$1560.00</b></u>
<u>Monthly (\$140.00 x 12) <b>\$1680.00</b></u>	<u>Monthly (\$60.00 x 12) <b>\$720.00</b></u>

By signing you acknowledge that you have received and understand the Good Faith Estimate above. This is not a contract.

Your Name

Your Relationship to Client

☐ Self ☐ Parent / Guardian

Client Signature

Date



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## 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. Please be advised, your fee may change depending on the number of sessions you actually attend. Services outside of standard therapy may have an associated extra cost. Please refer to our Practice Policies for a complete list of fees and services.

Make sure your health care provider gives you a Good Faith Estimate in writing at least 1 business day before your medical service or item. You can also ask your healthcare provider, and any other provider you choose, for a Good Faith Estimate before you schedule an item or service.

If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill.

For questions or more information about your right to a Good Faith Estimate or the dispute process, visit [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) or call 1-877-696-6775.

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.

### STANDARD SESSION FEES

- Initial Session/Diagnostic Assessment (50 minutes) \$165
- Individual (50 minutes) \$140
- Couple/Family (50 minutes) \$140
- Intern (50 minutes) \$60

\*\*\*The insurance rate will be accepted for clients whose insurance our practice accepts.

### ADDITIONAL FEES

- Returned Check Fee: \$40.00
- Weekly Late Payment Fee: \$15.00
- Collections: 25% Fee
- Letter/Report Writings: \$140/hr
- Records Requests/Administrative Costs: \$30

### COURT ACTION/LEGAL FEES

- Minimum Court Appearance Fee: **Minimum \$5000** (*additional charges for appearances exceeding 5 hours*)

- Preparation Time (including record submission): \$500/hr.
- Phone Calls/Emails: \$500/hr.
- Depositions/Court Hearings: \$500/hr
- Consultation with Other Professionals: \$500/hr
- Attorney Fees and Costs Incurred by Therapist
- Records Requests/Administrative Costs: \$100 minimum

The minimum charge for a court appearance: \$5000 (additional charges will incur if court is more than 5 hours). A retainer of \$5000 is due in advance. A \$200 express charge applies for subpoenas or attorney meetings with less than 2 weeks' notice. A \$500 fee applies if a case is rescheduled with less than 1 week's notice (in addition to the retainer). Costs will be discussed with the client.

This is a short list of possible fees. For complete details see the Billing Policies and Guarantor Form received at intake or request a copy of these policies from our Admin Staff at [admin@attachmentandtraumatherapy.com](mailto:admin@attachmentandtraumatherapy.com).

**I have received and understand the Good Faith Estimate Disclaimer above:**

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Client Signature

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Date