

Zen Imago, PLLC
2323 South Voss Rd. #367 Houston, TX 77057
4800 Sugar Grove Blvd. #607 Stafford, TX 77477
PH 832 782 0001 Fax 832 582 3676
NPI: 1891154266; TIN: 811209932

Good Faith Estimate

Client Name: _____ DOB: _____

Under Section 2799B-6 of the Public Health Service Act (PHSA), health care providers and health care facilities are required to inform individuals who are not enrolled in a plan or coverage or a Federal health care program, or not seeking to file a claim with their plan or coverage both orally and in writing of their ability, upon request, or at the time of scheduling health care items and services to receive a "Good Faith Estimate" of expected charges.

Note: The PHSA and GFE does not currently apply to any clients who are using insurance benefits, including "out of network benefits" (i.e., submitting superbills to insurance for reimbursement).

Common Services at Zen Imago PLLC

- 90791: Initial Therapy Intake
- 90834: 45- 50 minute psychotherapy session
- 90837: 50-60 minute psychotherapy session

Common Diagnosis Codes at Zen Imago PLLC

- F32.9: Major Depressive Disorder, Unspecified
- F41.1: Generalized Anxiety Disorder
- F43.20: Adjustment Disorder
- F43.1: Post Traumatic Disorder
- F31.12 Bipolar I Disorder, Current or most recent episode manic, Moderate
- F10.20 Alcohol Use Disorder, Moderate
- F12.20 Cannabis Use Disorder, Moderate

Common Specialty Services at Zen Imago PLLC

- ***Battery of Assessments (Weight) \$625.00**
- ***Battery of Assessments (Mood) \$575.00**
- ***Personal Injury Assessment \$575.00**
- ***SAP Assessment \$450.00**
- ***Single Session Family Session \$275per/hr. Max 2hr**

Where services will be received

- Online, via telehealth
- In- office

Zen Imago PLLC maintains the goal of treating the whole person thus how long and often you need to engage in therapy can be influenced by several factors:

- Your schedule and life circumstances

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- Therapist availability
- Ongoing life challenges
- The nature of your specific challenges and how you address them
- Personal finances

Estimated Charges:

Billing Code	6 Months/ 13-15 sessions	1 Year/ 26 sessions
90791	\$150	\$150
90837	\$125	\$125
90834	\$115	\$115

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.

The Good Faith Estimate does not include any 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. If you are billed for more than this Good Faith Estimate, you have the right to dispute the bill. 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 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 800-985-3059. For questions or more information about your right to a Good Faith Estimate or the dispute process, visit www.cms.gov/nosurprises or call 800-985-3059. Keep a copy of this Good Faith Estimate in a safe place.

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Client Signature & Date