

Dr. Cara Jean Emes Ph.D. Licensed Psychologist CA PSY 26217 Counseling & Psychological Services Phone: 559-425-4150; Fax: 559-324-8411	613 Harvard Ave., Suite 202 Clovis, CA 93612-1186 Email: cara@emes.sprucecare.com Web: www.carajejanemes.com
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Good Faith Estimate for Health Care Items and Services

Beginning January 1, 2022, psychologists and other health care providers are required by law to give self-pay and uninsured patients a Good Faith Estimate of costs for services they offer, when scheduling care or when the patient requests an estimate. The goal is to provide transparency and protect patients from surprise billing. As a patient, you have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency services. This Good Faith Estimate is a list of expected charges for psychotherapy services with Cara Jean Emes, Ph.D.

- Provider/Facility Name: Cara Jean Emes, Ph.D. – Licensed Psychologist, Sole Practitioner, Private Practice
- Contact Person: Cara Jean Emes, Ph.D., Contact Phone: 559-425-4150, Contact Email: cara@emes.sprucecare.com
- Provider National Provider Identifier 1831452564; Provider Taxpayer Identification Number 320682865
- Provider Service Address: 613 Harvard Ave., Suite 202, Clovis, CA 93612

Patient Name: _____ (First, Middle, & Last)
Patient Mailing Address: _____ Apt. _____
City: _____ State: _____ Zip: _____
Patient Phone Number: _____
Patient Email Address: _____
Patient Contact Preference: _____ By mail _____ By email

Patient Primary Diagnosis and Diagnosis Code: _____

Patient Secondary Diagnosis and Diagnosis Code: _____

Primary Service Items: 90791 55-minute Psychotherapy Intake; 90837 55-minute Psychotherapy Session

Service Cost: \$200 per appointment/session

Service Frequency: _____

Estimated Quantity Per Calendar Year: _____

Expected Total Cost Per Calendar Year: _____

Effective Date of Good Faith Estimate: _____

I have read and understand the above Good Faith Estimate. The estimated costs are valid for 12 months from the date of the Good Faith Estimate. Make sure to save a copy or picture of your Good Faith Estimate.

Patient Signature

Date Signed

Provider Signature

Date Signed