



GOOD FAITH ESTIMATE (GFE)

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General Information: Effective January 1, 2022, a ruling went into effect called the "No Surprises Act," which requires mental health practitioners to provide a "Good Faith Estimate" (GFE) about out-of-network care to any patient who is uninsured or who is insured but does not plan to use their insurance benefits to pay for health care items and/ or services.

For more information about GFEs, please see my website under Payment/Fees.

Most clients will attend one psychotherapy visit per week on average, but the frequency of psychotherapy visits that are appropriate in your case may be more or less than once per week, depending upon your individual needs and preferences. It is also important, when determining your total estimate, to take into consideration vacations, holidays, emergencies, and sick time. The fee for a traditional **45-50-minute psychotherapy session** (via telehealth) is **\$200**. Most clients will attend one psychotherapy visit per week, but the frequency of psychotherapy visits that are appropriate in your case may be more or less than once per week, depending upon your individual needs and preference. It is also important, when determining your total estimate, to take into consideration vacations, holidays, emergencies, and sick time. You and your therapist will continually assess the appropriate frequency of therapy and will work together to determine when you have met your goals and are ready for discharge and/ or a new GFE will be issued should the frequency of session(s) or needs change. You may request a new GFE at any time in writing during your treatment.

Here is a chart of typical fees for services the practice provides that will be in effect for **January 1, 2026 and may be changed at any time**. Please note that these fees are for telehealth services.

# Weeks	Total estimated charges for 1 session per week
1 Week of Service	\$200
52 Weeks of Service (Approx. 12 Months)	\$10400
60 months of service (average for eating disorder treatment)	\$52000

GFE 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. Your total cost of services will depend upon the number of therapy sessions you attend, your individual circumstances, and the type and amount of services that are provided to you. This estimate is not a contract and does not obligate you to obtain any services from the provider(s) listed, nor does it include any services rendered to you that are not identified here. Other potential items and/ or services associated with therapy charges may include but is not limited to no show/ late cancellation fee(s), record request(s), letter writing(s), legal fee(s)/ court attendance(s), professional collaboration(s), and in-between session supports). These potential items / services and associated fee(s) are discussed further within the "Therapy Consent, Policies, and Agreements" documentation and should these items / services be initiated a new Good Faith Estimate will be provided. The GFE does not obligate the client to obtain listed items or services. **If this happens, and your bill is \$400 or more for any provider or facility than your Good Faith Estimate for that provider or facility, federal law allows you 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 GFE. You can ask them to update the bill to match the GFE, 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. If you dispute your bill, the provider or facility cannot move the bill for the disputed item or service into collection or threaten to do so, or if the bill has already moved into collection, the provider or facility has to cease collection efforts. The provider or facility must also suspend the accrual of any late fees on unpaid bill amounts until after the dispute resolution process has concluded. The provider or facility cannot take or threaten to take any retributive action against you for disputing your bill.

There is a \$25 fee to use the dispute process. If the Selected Dispute Resolution (SDR) entity reviewing your dispute agrees with you, you will have to pay the price on this Good Faith Estimate, reduced by the \$25 fee. If the SDR entity disagrees with you and agrees with the health care provider or facility, you will have to pay the higher amount.



For questions, to get a form to start the process, or more information about your right to a Good Faith Estimate or the dispute process, visit www.cms.gov/nosurprises/consumers, email FederalPPDRQuestions@cms.hhs.gov, or call 1-800-985-3059. 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.

The following contains information specific to you and is confidential.

Client Name _____ Date of Birth _____

Address _____ Contact Info _____

Responsible Party (if not the client) _____

Type of Services Provided _____ individual, couples, family therapy via virtual platform, including intake evaluation
 Diagnosis & Treatment _____ Diagnosis to be determined pending full evaluation. Your therapist will discuss, as
 Codes _____ relevant, diagnosis(es) as applicable to treatment. **It is within your rights to decline a formal diagnosis.** Typical diagnosis codes for this practice include: **F50.x, F31.x, F32.x, F33.x, F34.x, F06.x, F40.x, F41.x, F43.x, F60.x**

GFE for Intake, Evaluation, & Treatment Planning _____ The Intake, Evaluation & Treatment Planning Service can last anywhere between **one to four** sessions.

Estimated Length of Services Provided _____ 6 months minimum; average length of treatment for clients with eating disorders is 60 months+.

Locations of Client & Therapist _____ Client is located in the state of Maryland, Virginia, North Carolina or other approved states. Therapist is located in Virginia, USA

Description of Treatment Modality(ies) Used _____ DBT, RO-DBT, CBT, ACT, Gottman, interpersonal therapy, bibliotherapy, CFT, CPT

Treatment Goals _____ specific to client and their treatment plan

Estimated Charges for each Service Provided _____ Intake, 60-90 minutes, CPT 90791: \$300
 Individual Session 38-52 minutes, CPT 90834: \$200
 Family/Couples Session, 45-50 minutes CPT 90847: \$250
 Individual Session 53-75 minutes, CPT 90837: \$250
 Cancellation Fee (< 24 hours notice): full session fee
 If sessions run over the times listed, additional fees may apply - see www.windoverwater.net/payment

A copy of this document was provided (check one): in person US mail online other: _____

Client/Representative Signature _____ Date _____

Client Printed Name: _____

I have addressed the client's/parent's/guardian's concerns and/or questions. The client appears fully competent to give informed consent.

Clinician Signature _____ Date 1/1/2026
 Clinician Printed Name & Credentials: Kendra Wilson, MSW, LCSW, CEDS-S, C-DBT

Therapy is a collaborative process where you and your therapist work together to achieve goals that you define. This means that you will follow a defined process supported by scientific evidence, where you **and** your therapist have specific rights and responsibilities. Therapy generally shows positive outcomes for individuals who follow the process. Better outcomes are often associated with a good relationship between a client and their therapist. To foster the best possible relationship, it is important that you understand as much about the process before deciding to commit.

Therapy begins with the intake process.

- Prior to your first session, you will be asked to share personal information with the telehealth platform to create an account, such as your name, date of birth, location, and contact information.
- Scheduling and payment information can be entered through the client portal, accessed at: <https://www.therapyportal.com/p/kawwow/>
- In an initial session or consultation, you will:
 - o Review policies and procedures, talk about fees, identify emergency contacts, and decide if you want to file out-of-network claims for your health insurance to pay your fees depending on your plan's benefits.
 - o Discuss what to expect during therapy, including the type of therapy, the length of treatment, and the risks and benefits.
 - o Form a treatment plan, including the type of therapy, how often you will attend therapy, your short- and long-term goals, and the steps you will take to achieve them.

Over time, we may change your treatment plan to be sure it describes your goals and the steps you need to take as part of your regular therapy sessions. Participation in therapy is voluntary - you can stop at any time. At some point, you will achieve your goals. At this time, we will review your progress, identify supports that will help you maintain your progress, and discuss how to return to therapy if you need it in the future.

During this process, you have several rights & responsibilities as a client.

Your Rights:

- To be respected as an individual, regardless of your gender, race, religion, sexual orientation, or disability status.
- To be treated in accordance with professional and ethical standards of conduct.
- To discontinue therapy at any time. However, it is expected that you will confer with your therapist rather than end treatment abruptly. If you decide to discontinue treatment, you have the right to request a treatment summary and referrals to other professionals.
- To have your information protected and held **confidential** (more in the responsibilities section).

Your Responsibilities:

- I understand that sessions run for 45-50 minutes and will not be extended to accommodate tardy clients. In addition, if your session runs beyond the allotted time (such as in an emergency situation), your fee will be adjusted accordingly.
- I understand that there is no guarantee that any particular outcome will result from treatment.
- Phone/Text/Email: your therapist will use all appropriate security measures to ensure confidentiality of our information, but I am responsible for all security measures that I do/do not use in my communication.
- You may choose to receive appointment reminders via text message or email. You should carefully consider who may have access to your text messages or emails before choosing to communicate via either method.

- ❑ I understand that all communications with Wind Over Water staff, including digital interactions, can be part of my clinical record. Any digital communication will be limited to that which does not compromise the clinical relationship or professional and ethical standards. I will discuss appropriate ways to use digital technology with my clinician.
- ❑ We will communicate via digital media (telehealth, cell phones, text, email, etc.) and I understand that the confidentiality of these interactions cannot be guaranteed, although any Wind Over Water-based digital communications will utilize appropriate security measures. Clinical information should only be shared using encrypted and secured forms of communication.
 - Wind Over Water uses encrypted email for all outgoing communications.
 - Therapy Notes incorporates a secure messaging platform that can be used to share clinical information and concerns.
 - Wind Over Water does **not** use encrypted text or phone, so any communications should keep that in mind and make sure that any PHI is shared only over secure channels.
- ❑ Telehealth: using the [TherapyNotes](#) platform or doxy.me/windoverwater, all communication is appropriately secured.
 - I understand that I am responsible for my internet connection and a device equipped with a camera for video purposes.
 - Your therapist can guide you through the process of logging in and using any features on the telehealth platform. There are some risks and benefits to using telehealth:
 - You will be asked to identify an emergency contact and to **verify your location** at each session in case of emergency.
 - At times, you could have problems with your internet, video, or sound. If you have issues during a session, your therapist will follow the backup plan that you agreed to before sessions.
 - It may be difficult for your therapist to provide immediate support during an emergency or crisis. You and your therapist will develop a plan for emergencies or crises, such as choosing a local emergency contact, creating a communication plan, and making a list of local support, emergency, and crisis services.
 - You can attend therapy wherever is convenient for you.
 - You can attend telehealth sessions without worrying about traveling, meaning you can schedule less time per session and can attend therapy during inclement weather or illness.
 - Recommendations
 - Make sure that other people cannot hear your conversation or see your screen during sessions.
 - Do not use video or audio to record your session unless you ask your therapist for their permission in advance.
- ❑ Social Media/Review Websites - if you try to communicate with us via these methods, we will not respond. This includes any form of friend or contact request, @mention, direct message, post, etc. This is to protect your confidentiality and ensure appropriate boundaries in therapy.
- ❑ Your provider may publish content on various social media websites or blogs. There is no expectation that you will follow, comment on, or otherwise engage with any content. If you do choose to follow your therapist on any platform, they will not follow you back.
- ❑ If you see your therapist on any form of review website, it is not a solicitation for a review. Many such sites scrape business listings and may automatically include your therapist. If you choose to leave a review of your therapist on any website, they will not respond. While you are always free to express yourself in the manner you choose, please be aware of the potential impact on your confidentiality prior to leaving a review. It is often impossible to remove reviews later, and some sites aggregate reviews from several platforms, leading to your review appearing in other places without your knowledge.
- ❑ You will be required to pay for services and other fees. You will be provided with these costs prior to beginning therapy (this can also be found at www.windoverwater.net/payment) and if

you plan to file out-of-network benefits, you should confirm with your insurance if part or all of these fees may be covered. You should also know about the following:

- o Cost for services may increase over the course of your treatment. Generally, these fees increase annually. Fee increases are at the discretion of Wind Over Water.
- o If you are unable to attend therapy, you must contact your therapist before your session. Otherwise, you may be subject to fees outlined in your fee agreement. Insurance does not cover these fees. **Cancellation fee with less than 24 hours' notice is your full fee for the session.**
- o Full payment is due at the time of your session. If you are unable to pay, tell your therapist. Your therapist may refer you to Grow Therapy, PATH Mental Health, OpenPath or Project HEAL to use insurance benefits, determine a sliding scale, or refer you to other low- or no-cost services using other providers. If you choose to use these other services, different policies and procedures will apply and will need to be discussed prior to any service changes taking effect. Any existing balance due will continue to be due until paid in full. If you transfer to these services while in the course of treatment, you may need to complete intake paperwork and/or financial forms before the change takes effect.
- o Your therapist may charge administrative fees for writing a letter or report at your request; consulting with another healthcare provider or other professional outside of normal case management practices; or for preparation, travel, and attendance at a court appearance. These fees are listed in the fee agreement. Payment is due in advance.

Confidentiality & Legal Disclosures

What you share in therapy is private. I won't release your information unless you give written permission or the law requires it. If I ever do need to share something, I will give only the minimum details necessary.

- o If your records are requested in a legal case, we don't automatically hand over records. We'll talk with you (and your attorney, if you have one) about options, which may include asking the court to limit or block the request. A **court order** signed by a judge must be followed, but even then, we will only release the minimum information required.
- o Because responding to legal requests takes significant time, there are extra fees for preparing records, redacting private details, and attending court. These fees are explained in the financial policies.
- o If subpoenaed or called to testify on behalf of a client or on a matter related to a client in any way, we require a retainer of \$5000. The hourly fee for this is \$400 and begins when staff leave their location of origin and ends when they return. This fee will also apply to any time spent prepping, researching, etc. You, as the client, agree to pay all attorney fees and any administrative fees, courses or coaching, supervision, or consulting fees needed to prepare for your case. Additionally, you agree to pay for any additional fees incurred by the therapist as a result of preparation and testimony of their case, including parking, meals, hotels, airfare, etc., in the course of the matter.
- ❑ If you choose to use insurance benefits to pay for services, you will be required to share personal information with your insurance company. Insurance companies keep personal information confidential unless they must share it to act on your behalf, comply with federal or state law, or complete administrative work.
- ❑ When your therapist is out-of-network, they do not have a contract with your insurance company. You can still choose to see this therapist; however, all fees will be due at the time of your session with your therapist. Your therapist will provide Superbills upon request. If your insurance company decides that it will not reimburse you, you are still responsible for the full amount.
- ❑ We require that you keep a valid credit or debit card on file and complete the Payment Authorization Form. This card will be charged for the amount due at the time of service and



for any fees you may accrue unless other arrangements have been made with the practice ahead of time. It is your responsibility to keep this information up to date, including providing new information if the card information changes or the account has insufficient funds to cover these charges.

- ❑ If you do not use the patient portal through TherapyNotes to pay your bill at the time of service, your card may be charged at any time during the week. If there is a problem with your form of payment, you may receive email communication from Wind Over Water to reconcile your account. If your form of payment is rejected or declined three or more times, your appointments will be canceled until payment is received.
- ❑ If you feel your therapist has engaged in improper or unethical behavior, you can talk to them, or you may contact the licensing board that issued your therapist's license, your insurance company or the US Department of Health and Human Services.

Provider Responsibilities:

- ❑ Your therapist must provide ethical and evidence-based treatment in accordance with the scope of practice defined by their licensing board and continue to uphold all associated requirements.
- ❑ Confidentiality: What you share in therapy is private. We won't release your information unless you give written permission or the law requires it. If we ever do need to share something, we will give only the minimum details necessary.
 - o We will not sell your information to anyone for any reason.
 - o Please be advised that state law requires that confidentiality be broken in certain emergency situations, such as to protect you or someone else from imminent danger, to report child or elder abuse, or if mandated by a court order (see HIPAA statement), and in these situations, your therapist will disclose the minimum necessary information required.
 - Your therapist may speak to other healthcare providers involved in your care.
 - Your therapist may speak to emergency personnel.
 - I understand that my therapist may consult and share clinical information with her supervisor and/or clinical board and/or university in order to provide legal and ethical treatment. They may also do so to meet the requirements set forth for licensure or certification.
 - If you report that another healthcare provider is engaging in inappropriate behavior, your therapist may be required to report this information to the appropriate licensing board. Your therapist will discuss making this report with you first and will only share the minimum information needed while making a report.
 - If your therapist believes there is a specific, credible threat of harm to someone else, they may be required by law or may make their own decision about whether to warn the other person and notify law enforcement. The term specific, credible threat is defined by state law. Your therapist can explain more if you have questions.
 - If your therapist has reason to believe a minor or elderly individual is a victim of abuse or neglect, they are required by law to contact the appropriate authorities.
 - If your therapist believes that you are at imminent risk of harming yourself, they may contact law enforcement or other crisis services. However, before contacting emergency or crisis services, your therapist will work with you to discuss other options to keep you safe.
 - o See also: HIPAA statement and Acknowledgement
- ❑ Fees: Your therapist will notify you a minimum of 10 days prior to changing fee amounts, and will provide you with an updated Good Faith Estimate at that time.
- ❑ Records: Your therapist is required to keep records about your treatment. These records help ensure the quality and continuity of your care, as well as provide evidence that the services



you receive meet the appropriate standards of care. Your records are maintained in an electronic health record provided by TherapyNotes. TherapyNotes has several safety features to protect your personal information, including advanced encryption techniques to make your personal information difficult to decode, firewalls to prevent unauthorized access, and a team of professionals monitoring the system for suspicious activity. TherapyNotes keeps records of all log-ins and actions within the system.

Your Consent:

- I consent to take part in treatment with Wind Over Water and this clinician. I understand that it is in my best interest to actively participate in treatment and follow treatment recommendations.
- I agree to pay the fees outlined here and in my Good Faith Estimate.
- I have read and understood this document and will address any concerns or questions with my therapist.
- Wind Over Water reserves the right to change this agreement as necessary and in accordance with all applicable laws. Any changes will apply to you if you are a client at the time of the changes. Current copies of this agreement can be requested anytime and are available on our website.

Client/Representative Signature _____ **Date** _____

I have addressed the client's/parent's/guardian's concerns and/or questions. The client appears fully competent to give informed consent.

Clinician Signature _____ **Date** _____