

Rocky Shores Counseling and Consulting, PLLC

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Licensed in Alaska (LPC), Ohio (LPCC), Texas (LPC, LCDC), Virginia (LPC) and Washington (LMHC)

Good Faith Estimate

Rocky Shores Counseling and Consulting, PLLC

Effective Date: 7/12/2026

Your Right to Receive a Good Faith Estimate

Under federal law, health care providers are required to provide individuals who are uninsured or who choose not to use their health insurance with a Good Faith Estimate of expected charges for health care services.

You have the right to receive a Good Faith Estimate that explains the expected costs of counseling services before you receive care.

A Good Faith Estimate is based on the information known at the time it is prepared and does not guarantee the final cost of services. Your actual costs may vary depending on your treatment needs, the number of sessions attended, changes to your treatment plan, or additional services requested.

Estimated Fees

Service	Estimated Cost
Initial Intake Assessment (53-90 minutes)	\$130
Individual Psychotherapy (53-60 minutes)	\$130
Family Therapy (when applicable)	\$130
Court Preparation, Consultation, Report Writing, or Other Professional Services (when requested)	\$130 per hour unless otherwise agreed in writing

Additional fees may apply for services outside of regularly scheduled therapy sessions, including court-related services, extensive record review, or other non-clinical professional services. These services will be discussed with you before they are provided whenever possible.

Frequency and Duration of Treatment

Because counseling is individualized, it is not possible to predict the exact number of sessions you may need.

A typical course of treatment may include:

- Weekly sessions initially
- Transitioning to biweekly or monthly sessions as clinically appropriate
- Periodic follow-up sessions as needed

Your treatment plan will be developed collaboratively and reviewed throughout therapy.



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Insurance

If you choose to use your health insurance, this Good Faith Estimate may not apply. Your financial responsibility will depend on your insurance benefits, deductible, copay, coinsurance, and other plan provisions.

If you are uninsured or choose not to use your insurance, this estimate is intended to help you understand your expected costs.

Questions or Changes

If your treatment needs change significantly or additional services are recommended, you may request an updated Good Faith Estimate at any time.

Your Rights

You have the right to:

- Receive a Good Faith Estimate before receiving services if you are uninsured or self-pay.
- Ask questions about your estimated costs.
- Request an updated estimate if your treatment plan changes.

If you receive a bill that is **at least \$400 more** than your Good Faith Estimate, you may have the right to dispute the bill through the federal patient-provider dispute resolution process.

For more information about your rights under the No Surprises Act and the patient-provider dispute resolution process, visit www.cms.gov/nosurprises or call 1-800-985-3059.

Contact Information

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