



Serving Southwest Iowa
 Therapy- Couples, Ind., Family, Groups,
 PCIT, EMDR, Parenting Assessments
 Med. Management and Psychiatric Services
www.therapyplaceinc.com

Email: support-staff@therapyplaceinc.com
 Mailing Address: P.O. Box #1
 Panama Iowa, 51562
 Offices In: Atlantic, Council Bluffs,
 Harlan and Logan

Good Faith Estimate for Health Care – No Surprises Act of 2022

DATE OF ESTIMATE:

Therapy Place, Inc.
 P.O. Box #1
 Panama, Iowa 51562

Phone: 712-254-9018
 Fax: 712-254-9019
 Tax ID#42-1506377

Provider Name:
Provider NPI#:
Mark One: Private Pay Client: Out of Network Client:
Client Name:
Client DOB:
Estimated Type of Service:
Estimated Length of Service:
Location of Client & Provider:
Primary & Secondary Diagnosis:
Treatment Goals:
Estimated Charges for each Service: 90791(92), 90832, 90834, 90837, 90847, 99213, 99214

90791: Cost per session:	No of times per month:
90792: Cost per session:	No of times per month:
90832: Cost per session:	No of times per month:
90834: Cost per session:	No of times per month:
90837: Cost per session:	No of times per month:
90847: Cost per session:	No of times per month:
99213: Cost per session:	No of times per month:
99214: Cost per session:	No of times per month:

Estimated Total for sessions held for 3 months and/or 12 weeks will be:

While it is not possible for a clinical provider to know, in advance, how many sessions may be necessary or appropriate for a given person, this form provides an estimate of the cost of services provided. Your total cost of services will depend upon the number of sessions you attend, your individual circumstances, and the type and amount of services that are provided to you.

Disclaimer: This is not a contract, but rather an estimate of the cost of therapy services. This estimate may change in collaboration with the client, as the treatment progresses and are not a guarantee of treatment frequency, length or cost. Your signature does not obligate you to obtain any services from this provider listed above. Finally, you will be given a copy of the client rights for the No Surprise Act.

TPI Staff Signature:
TPI Staff Name Printed:
Client Signature:
Client Name Printed:
Check if signer is a parent/guardian:

CC: Client file for provider. Business file for billing.
Copy to Client and Copy of the Client Rights
Client Rights will be posted on our website and in our offices
 2/28/22-DMS – 11/06/23