



SOUL SPA SEATTLE

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2025 GOOD FAITH ESTIMATE

Provider Name: Danáe M. Ashley	License #: LF 61003278
Provider Address: 20126 Ballinger Way NE, #253, Shoreline, WA 98155	
Provider Phone #: (425) 248-9224	
Provider Tax ID#: 47-5300908	Provider NPI #: 1609247204

You are entitled to receive this “Good Faith Estimate” of what the charges could be for psychotherapy services provided to you. While it is not possible for a psychotherapist to know, in advance, how many psychotherapy 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 psychotherapy 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. This reflects a private pay fee scale and not utilizing your insurance benefits.

This Good Faith Estimate is not intended to serve as a recommendation for treatment or a prediction that you may need to attend a specified number of psychotherapy visits. The number of visits that are appropriate in your case, and the estimated cost for those services, depends on your needs and what you agree to in consultation with your therapist. You are entitled to disagree with any recommendations made to you concerning your treatment and you may discontinue treatment at any time.

The fee for a 60-minute psychotherapy visit (in person or via telehealth) is \$205 individual/\$225 couples. The fee for a 75-minute psychotherapy visit (in person or via telehealth) for couples is \$275. 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 needs. Based on a fee of \$205, \$225, or \$275 per visit, the following are expected charges of psychotherapy services:

Number of Weeks	Total estimated charges for 1 session per week	Total estimated charges for 1 session per month
1 Week of Service	\$205 individual/ \$225 couples/ \$275 75-min couples	\$205 individual/\$225 couples/ \$275 75-min couples
13 Weeks of Service (Approx. 3 Months)	\$2665/\$2925/\$3575	\$615/\$675/\$825
26 Weeks of Service (Approx. 6 months)	\$5330/\$5850/\$7150	\$1230/\$1350/\$1650
39 Weeks of Service (Approx. 9 months)	\$7995/\$8775/\$10725	\$1845/\$2025/\$2475
52 Weeks of Service (Approx. 12 Months)	\$10,660/\$11,700/\$14,300	\$2460/\$2700/\$3300

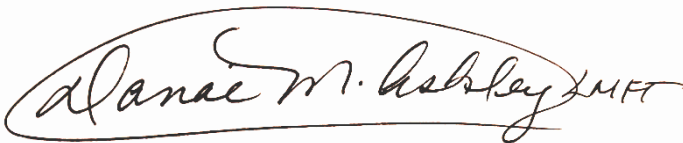
You have a right to initiate a dispute resolution process if the actual amount charged to you substantially exceeds the estimated charges stated in your Good Faith Estimate (which means \$400 or more beyond the estimated charges). Please print out, take a picture, or save this form for your records.

You are encouraged to speak with your provider at any time about any questions you may have regarding your treatment plan, or the information provided to you in this Good Faith Estimate.

Date of this Estimate _____ January 1, 2025 _____

Signature of Client

Date



Signature of Therapist