



Mailing address: 20126 Ballinger Way NE, #253
 Shoreline, WA 98155

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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

Please fill in your information here:

Patient Name:	
Patient Address:	
Patient Phone #: ()	Patient Email:
Patient Diagnosis (if known/applicable):	
Services Requested:	

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 \$195 individual/\$215 couples and \$265/75-minute couples therapy. 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 \$195/215/265 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	\$195 individual/ \$215 couples/ \$265 75-min couples	\$195 individual/\$215 couples/ \$265 75-min couples
13 Weeks of Service (Approx. 3 Months)	\$2535/\$2795/\$3445	\$585/\$645/\$795
26 Weeks of Service (Approx. 6 months)	\$5070/\$5590/\$6890	\$1170/\$1290/\$1590
39 Weeks of Service (Approx. 9 months)	\$7605/\$8385/\$10,335	\$1755/\$1935/\$2385
52 Weeks of Service (Approx. 12 Months)	\$10,140/\$11,180/\$13,780	\$2340/\$2580/\$3180

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 28 December 2023

Signature of Client _____

Signature of Therapist

