



A good faith estimate (GFE) outlines the expected costs for mental health services, and includes detailed information to help clients understand their financial obligations before they receive services.

Orchard Blue Counseling Services LCSW, PLLC
Good Faith Estimate of Charges

Client Name: As noted in file

Date of Estimate: (date of signature)

Provider Information:

Orchard Blue Counseling Services LCSW, PLLC
Cerene Prince, LCSW - Clinical Director
190-19 Linden Blvd #A-PMB1004, St. Albans, NY 11433
(516) 200-1174/fax (929) 529-7453
info@orchardbluecounseling.com
<https://orchardbluecounseling.com>

Type of Services Provided:

- Individual Therapy
- Family Therapy
- Couples Therapy
- Group Therapy
- Diagnostic Assessments

Fee Structure:

Service Type	Duration	Estimated Cost
Initial/Assessment/Individual Session	50-60 minutes	\$175.00 per session
Individual Child-Therapy Session	16-30 minutes	\$125.00 per session
Individual Therapy Session	36-45 minutes	\$150.00 per session
Family Therapy Session	30-60 minutes	\$225.00 per session
Couples Therapy Session	50-60 minutes	\$225.00 per session
Group Therapy Session	90 minutes	\$40.00 per session

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Insurance Information:

Orchard Blue Counseling Services accepts the following insurance plans:

Commercial Plans: AETNA, CIGNA, Fidelis, Optum, Oscar, Oxford, UMR, Unitedhealth Care

Medicaid/Medicare Plans: Fidelis

If you plan to change or use your insurance, please provide your insurance details so we can verify your benefits and ensure the most accurate estimate.

- **Co-pay/Co-insurance:** Based on your insurance plan, co-pays or co-insurance may apply. Please check with your insurance provider to verify.
- **Out-of-Pocket Expenses:** In the case of high deductibles or out-of-network providers, you may be responsible for the full fee until your deductible is met.
- **Sliding Scale:** A sliding scale is available for those who qualify based on income. Please inquire if you need assistance with this option.

Payment Options:

- Credit/Debit Cards: Accepted (Visa, MasterCard, American Express, Discover)
- Flexible Spending and Health Savings Card: discuss with your employer.
- Payment Plans: May be available upon request

Cancellation Policy:

If you need to cancel or reschedule your appointment, please provide at least 24 hours notice. Failure to do so may result in a cancellation fee of \$ 90.00 .

Notice of Good Faith Estimate:

Under the No Surprises Act, you have the right to receive a Good Faith Estimate for the cost of your scheduled services. This estimate provides a good-faith expectation of the anticipated charges based on your selected services. However, the final cost may vary depending on your actual treatment needs.

For any questions about this estimate or your treatment plan, please contact Orchard Blue Counseling Services at info@orchardbluecounseling.com

Client Acknowledgment:

By signing this electronic form, you acknowledge receipt of this Good Faith Estimate and understand the estimated costs associated with the services you will be receiving.