

Borum and Associates LLC
GOOD FAITH ESTIMATE

Provider Name: Borum and Associates LLC License/#: MH10124
Provider Address: 4745 Old Hwy 37 Lakeland, Florida 33813
Provider Phone #: (863) 608 - 9392
Provider Tax ID# (if applicable): 26-2699578 Provider NPI # 1871920223
Patient Name: _____
Patient Address: _____ City, State _____ ZIP _____
Patient Phone #: (_____) _____ - _____ Patient Email: _____
Patient Diagnosis (if known/applicable): To be determined
Services Requested: Counseling/psychotherapy

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 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 50-minute individual psychotherapy visit (in-person or via telehealth) with a licensed therapist is \$125.00; the intake session is \$150.00. The fee for a 50 minute individual session with a registered intern therapist is \$100.00 and the intake session is \$125.00. The fee for a 50-minute couple’s therapy session \$150.00 and the intake session is \$175.00. We collect a \$25.00 deposit to secure the first appointment. The deposit will be credited to the fees for the first session.

Most clients will attend one psychotherapy visit per week, but the frequency of psychotherapy visits, whether individual or couple’s, that are appropriate in your case may be more or less than once per week, depending upon your needs. Based upon a fee of \$125.00 per visit, if you attend one psychotherapy visit per week, your estimated charge would be \$500.00 for four visits provided over the course of one month; \$1000.00 for eight visits over two months; or \$1500.00 for 12 visits over three months. If you attend therapy for a longer period, your total estimated charges will increase according to the number of visits and length of treatment.

You have a right to initiate a dispute resolution process if the actual amount charged to you substantially exceeds the estimated charges stated in this Good Faith Estimate (which means \$400 or more beyond the estimated charges).

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.