

# Cornerstone Counseling and Wellness, LLC.

d/b/a Cornerstone Therapy and Wellness

639 Swedesford Road, Malvern, PA 19355  
435 Devon Park Drive, STE 300, Wayne, PA 19087  
www.cornerstonetherapy.com  
info@cornerstonetherapy.com | (610) 616-5935

# Good Faith Estimate & Notice of Patient Rights

This document serves as both your federal rights notice under the No Surprises Act and your personalized Good Faith Estimate of expected costs for services at Cornerstone Therapy and Wellness.

## Your Rights Under the No Surprises Act — Federal Law

This Good Faith Estimate applies to uninsured patients and self-pay patients (insured but choosing not to use insurance). Insured patients using their insurance are not currently required to receive a GFE but may request one at any time.

- You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services. This includes related costs like medical tests, prescription drugs, equipment, and fees.
- Your health care provider must give you a Good Faith Estimate in writing at least 1 business day before your medical service. You can also ask for an estimate before you schedule.
- If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill through the federal Patient-Provider Dispute Resolution process.
- Initiating a dispute resolution process will not adversely affect the quality of care provided to you.
- Make sure to save a copy or picture of your Good Faith Estimate.
- For questions or more information about your right to a Good Faith Estimate, visit [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) or call 1-800-985-3059.

## Patient Information

**Patient Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Date of GFE / Start Date:** \_\_\_\_\_

**Diagnosis Code (if known):** TBD — to be updated after initial evaluation

**Patient Type:**  Uninsured  Self-Pay (has insurance, not using it)  Insured — Requested Estimate

## Provider Information

**Provider / Practice Name:** Cornerstone Counseling and Wellness, LLC. d/b/a Cornerstone Therapy and Wellness

**NPI Number:** \_\_\_\_\_

**TIN:** \_\_\_\_\_

**Office Location:**  639 Swedesford Rd, Malvern, PA 19355  435 Devon Park Dr, STE 300, Wayne, PA 19087

## Expected Services and Estimated Costs (12-Month Period)

CPT Code	Service Description	Rate/Session	Est. Sessions	Est. Total
90791	Psychiatric/Behavioral Health Evaluation	\$ _____	_____	\$ _____
90792	Psychiatric Evaluation with Medical Services	\$ _____	_____	\$ _____
99212	Office Visit — Established Patient (Level 2)	\$ _____	_____	\$ _____
99213	Office Visit — Established Patient (Level 3)	\$ _____	_____	\$ _____
99214	Office Visit — Established Patient (Level 4)	\$ _____	_____	\$ _____
90837	Individual Psychotherapy (60 min)	\$ _____	_____	\$ _____

90836	Individual Psychotherapy add-on with E/M (38-52 min)	\$ _____	_____	\$ _____
90834	Individual Psychotherapy (45 min)	\$ _____	_____	\$ _____
90833	Individual Psychotherapy add-on with E/M (16-37 min)	\$ _____	_____	\$ _____
90832	Individual Psychotherapy (30 min)	\$ _____	_____	\$ _____
90847	Family Therapy with Patient	\$ _____	_____	\$ _____
90846	Family Therapy without Patient	\$ _____	_____	\$ _____
96130	Psychological Testing — Evaluation (first hour)	\$ _____	_____	\$ _____
96131	Psychological Testing — Evaluation (each add'l hour)	\$ _____	_____	\$ _____
96132	Neuropsychological Testing — Evaluation (first hour)	\$ _____	_____	\$ _____
96133	Neuropsychological Testing — Evaluation (each add'l hour)	\$ _____	_____	\$ _____
96116	Neurobehavioral Status Exam (first hour)	\$ _____	_____	\$ _____
96117	Neurobehavioral Status Exam (each add'l hour)	\$ _____	_____	\$ _____
96136	Psychological/Neuropsych Testing Admin & Scoring (first 30 min)	\$ _____	_____	\$ _____
96137	Psychological/Neuropsych Testing Admin & Scoring (each add'l 30 min)	\$ _____	_____	\$ _____
90901	Biofeedback / HRV Training	\$ _____	_____	\$ _____
_____	Other: _____	\$ _____	_____	\$ _____
<b>ESTIMATED TOTAL (12 months)</b>				<b>\$ _____</b>

Depending on your treatment needs, you may need between 12 and 30 sessions per year. Actual charges may differ. This estimate covers one 12-month period. An updated estimate will be provided after 12 months or upon a significant change in services.

### Required Disclaimers

- This Good Faith Estimate is not a contract and does not require you to obtain services from Cornerstone Therapy and Wellness.
- The information in this estimate is only an estimate. Actual charges may differ.
- There may be additional items or services your provider recommends that must be scheduled separately and are not reflected in this estimate.
- If your actual bill is \$400 or more above this estimate, you have the right to dispute the bill. Visit [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) or call 1-800-985-3059.
- Initiating a dispute resolution process will not adversely affect the quality of care provided to you.
- This estimate will be maintained as part of your medical record for a minimum of six (6) years.
- Insured patients currently using insurance are not required to receive a GFE under current federal law but may request one at any time by contacting us at (610) 616-5935.

### Administrative Information

**Prepared By (Admin Name):** \_\_\_\_\_

**Date of This Estimate:** \_\_\_\_\_

**Next Estimate Due:** (12 months from above date or upon significant change in services)