



# The Clinic for Mental Health & Wellness

## Good Faith Estimate for Health Care Items and Services

*The Clinic for Mental Health & Wellness recognizes that every client's therapy and medication journey is unique. Many factors influence how long you will need to engage and attend sessions. These factors will include:*

- Your schedule and life circumstances
- Provider's availability
- Ongoing life challenges
- The nature of your specific needs and how they are addressed
- Medications
- Diagnoses
- Provider's recommendations

You and your provider will continually assess the appropriate frequency of treatments and will work together to determine when you have met your goals and are ready for discharge. This ongoing assessment may also change the diagnoses given.

Below, you will see rates and how much it would cost if you were to meet with your therapist for 52 sessions in one year as well as how much it will cost if you meet with your medication provider 9 times in one year.

This estimate DOES NOT INCLUDE services external than the initial intake and follow up sessions. If you require to be seen more or for add on services, you will be given a new Good Faith Estimate.

This is just an estimate, and your bill may be lower depending on treatment frequency and need.

The services provided by the Clinic for Mental Health & Wellness are:

- Professional Counseling
- Psychiatric Medication Management
- Substance Abuse Evaluations
- Group Therapy
- Co-parenting classes



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### The current service codes and full rates are:

*This is a list of the most common appointments. This is not a list of all possible codes and services at the Clinic.*

Service	Code	Rate per session
Initial Therapy Intake	90791	\$175
Follow-up Therapy – 60 min	90837	\$160
Initial Medication Intake	90792	\$275
Follow-up Medication – 30 min	99213	\$150
Co-Parenting Class - 4 hours	N/A	\$300
Substance Abuse Evaluation (SAE)	N/A	\$230

### Example of Rates:

If you see your therapist 52x in one year:

$$\text{\$160} \times 52 \text{ weeks} = \text{\$8,320}$$

*This total cost does not include the adjusted cost of an intake session if an intake session is necessary within the year.*

If you see your psychiatric medication provider 9x in one year:

$$\text{\$150} \times 9 \text{ visits} = \text{\$1,350}$$

*This total cost does not include the adjusted cost of an intake session if an intake session is necessary within the year.*

### Locations of Service:

#### In Office

502 S. 4<sup>th</sup> Street  
Laramie WY 82070  
307-755-1000

or

#### Telehealth



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## Providers:

Alex Dimitrijevic, LPC 1754  
NPI 1932273784  
EIN 83-3180910

Debbie Bastian, LPC 900  
NPI 1205802923  
EIN 20-8654411

Diane French, LPC 1545  
NPI 1972052009  
EIN 85-3040716

Jamie French, PPC 1187  
NPI 1124641568  
EIN 85-1164583

Jana Saltenberger, LCSW 218  
NPI 1992703094  
EIN 85-0921636

Kayla Knowlton, PPC 1248  
NPI 1790161867  
EIN 87-0867911

Lawrence Perea, PCSW 886  
NPI 1851931919  
EIN

Leah White, APRN, PMHNP-BC 23260.1200  
NPI 1417209362  
EIN 47-5643728

Martha Nesslinger, LPC 290  
NPI 1427170315  
EIN 26-4048196

Michaela Tratos, LPC 1845  
NPI 1912491549  
EIN 83-3837994  
Teresa Jacobs-Castano, LCSW 176 / LAT 265  
NPI 1821215286  
EIN 48-1269185

Trish Nichols, PCSW 838  
NPI 1407205636  
EIN 84-1917591

Emily Wynn, LCSW 1358  
NPI 1487026118  
EIN 86-3890847

Jezebel Rubis, PCSW 997  
NPI 1922766278  
EIN 87-3866543



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### **Disclaimer**

This Good Faith Estimate shows the costs of items and services that are reasonably expected for your health care needs for an item or service. The estimate is based on information known at the time the estimate was created.

The Good Faith Estimate does not include any unknown or unexpected costs that may arise during treatment. You could be charged more if complications or special circumstances occur. If this happens, federal law allows you to dispute (appeal) the bill.

**If you are billed for more than this Good Faith Estimate, you have the right to dispute the bill.**

You may contact the health care provider or facility listed to let them know the billed charges are higher than the Good Faith Estimate. You can ask them to update the bill to match the Good Faith Estimate, ask to negotiate the bill, or ask if there is financial assistance available.

You may also start a dispute resolution process with the U.S. Department of Health and Human Services (HHS). If you choose to use the dispute resolution process, you must start the dispute process within 120 calendar days (about 4 months) of the date on the original bill.

There is a \$25 fee to use the dispute process. If the agency reviewing your dispute agrees with you, you will have to pay the price on this Good Faith Estimate. If the agency disagrees with you and agrees with the health care provider or facility, you will have to pay the higher amount.

To learn more and get a form to start the process, go to [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) or call 1-800-985-3059.

For questions or more information about your right to a Good Faith Estimate or the dispute process, visit [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) or call 1-800-985-3059.