

**Good Faith Estimate (GFE)**  
**updated 04/15/2025**

This GFE is valid for psychotherapy services for one (1) year unless I inform you of a change in my fees and send you an updated GFE.

**Brief explanation of estimate for new patients:**

The estimate below is the range of costs that is likely for most new patients. Until I do an initial evaluation and we start to work together, I will not have a clear picture of your specific diagnosis, treatment targets and needs. I occasionally see therapy patients for a well-defined brief treatment, such as a 6-session protocol for insomnia. More typically, I see therapy patients weekly for 6-12 sessions, then bi-weekly (every other week) for another 6-12 sessions. Some patients then elect to meet monthly for help maintaining their gains; others prefer to reach out “as needed.” But, in many cases, a patient’s issues are more complicated or they desire more consistent support, so we may meet more frequently during the time covered by this estimate. I have included cost estimates for three typical schedules.

**Details of the Estimate**

The following is a detailed list of expected charges for psychological services provided by me to you in the next 12 months.

<b>Service</b>	<b>Diagnosis Code</b>	<b>Service code</b>	<b>Quantity (# sessions)</b>	<b>Cost per unit</b>	<b>Expected annual cost</b>
Initial evaluation (75 minutes)	TBD	90791 or 90791-95*	1	\$280	\$280
Psychotherapy (50 minutes)	TBD	90834 or 90834-95*	(a) 6	\$210	\$1260
			(b) 27 (12 weekly, 12 biweekly, 3 monthly)	\$210	\$5670
			(c) 50 (weekly)	\$210	\$10,500

\*The modifier -95 denotes a teletherapy service (i.e., session provided via phone or videoconferencing).

**Total estimated cost:** (a) \$1540; (b) \$5,950; (c) \$10,780

**Psychologist providing services:**

Alisha L. Brosse, Ph.D.

NPI number: 1942330428 TIN: 90-2641979

**Contact:** If you have questions about this estimate, please contact me at 720/252-0611.

### **Disclaimer**

This Good Faith Estimate (GFE) shows the costs of services that are reasonably expected for the expected services to address your mental health care needs. The estimate is based on the information known to me when I did the estimate.

The Good Faith Estimate does not include any unknown or unexpected costs that may arise during treatment (e.g., more frequent or longer sessions). 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 \$400 more than this GFE, you have the right to dispute the bill.**

You may contact me at the contact listed above to let me know the billed charges are at least \$400 higher than the GFE. You can ask me to update the bill to match the GFE, 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 GFE. 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 CMS at 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 CMS at 1-800-985-3059 .

This GFE is not a contract. It does not obligate you to accept the services listed above.

**Keep a copy of this Good Faith Estimate (GFE) in a safe place or take pictures of it. You may need it if you are billed more than \$400 than the estimate provided above.**