



Alisha L. Brosse, PhD · Licensed Psychologist

**Good Faith Estimate (GFE): Bipolar Disorder Group
updated 03/14/2026**

This GFE is valid for group 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 bipolar disorder group is open-ended, which means that you may participate for only 1 month or for several years. The estimate below is the range of costs associated with a few different lengths of participation.

Details of the Estimate

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

Service	Diagnosis Code	CPT code	Quantity (# sessions)	Cost per unit	Expected annual cost
Screening interview (50 minutes)	TBD	90791-95	1	\$210	\$210
Group Therapy (80 minutes)	TBD	90853-95	(a) 12 (3 months)	\$75	\$900
			(b) 26 (6 months)	\$75	\$1,950
			(c) 50 (1 year)	\$75	\$3,750

Total estimated cost (screening interview plus group sessions): (a) \$1,110; (b) \$2,160; (c) \$3,960

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.



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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 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 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.