



**Psychologist providing services:** Rebecca L. Soffer (PSY#22279)

**NPI number:** 1043928575

**TIN:** Provided Upon Request

**Address of office locations:**

1035 San Pablo Ave, Suite 5 Albany, CA 94706

1910 Olympic Blvd., Suite 225 Walnut Creek, CA 94596

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

The estimate below is the cost or range of cost that is likely for my play therapy patients.

The estimated costs are valid for 12 months from the date of this Good Faith Estimate, unless I send you an updated estimate with an increased fee.

Service	Diagnosis Code (once determined)	Service code	Quantity (# of sessions or units. Give number or range)	Cost per unit	Expected cost
Child Therapy		90834	4	\$175	\$700
Parent Session		90846	1	\$175	\$175

Total estimated cost: \$875

## **Disclaimer**

This Good Faith Estimate 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. 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 Good Faith Estimate (GFE), you have the right to dispute the bill**

You may contact the psychologist at the contact listed above to let them know the billed charges are at least \$400 higher than the GFE. You can ask them 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.**