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Date of Good Faith Estimate: ___/___/___ This estimate is for psychotherapy services through _____

The estimate below is the cost for your care over the time period covered by this estimate, if you keep the current schedule of appointments. However, depending on how treatment progresses, you may decide to schedule more or fewer sessions. If you decide to schedule fewer sessions, or stop treatment, and I disagree with your decision, I will tell you. However, it is up to you how frequently you want to schedule appointments or whether you want to continue in treatment.

Contact: If you have questions about this estimate, please contact Micah Altman PsyD, 707-747-9178, Micah@BrainDoc.info.

Details of the Estimate

The following is a detailed list of expected charges for psychological services. The estimated costs are valid for 12 months from the date of this Good Faith Estimate, unless I send you an updated Estimate.

Service	Diagnosis Code	Service code	Quantity	Cost per unit	Expected cost

Total estimated cost: \$ _____

NPI number: 1619242286 _____

Patient information:

Patient name _____ DOB _____