



Maine Psychological Services

Therapy-Assessment-Consultation

(207) 412-0429

Good Faith Estimate / No Surprises Act

This estimate is for psychological services through 31 December 2026.

The estimate below is the cost that is likely for most patients. Until I do an initial evaluation and we start to work together, I will not have a clear picture of your specific diagnosis, issues and needs. The number of therapy sessions and the frequency of therapy is variable depending on patient needs, schedule, and desire for continued services. Service codes and cost per unit are the same for in person and telehealth appointments.

Contact: If you have questions about this estimate, please contact Dr. Denise Vagt at drvagt@mainepsychologicalservices.com

Details of the Estimate

The following is a detailed list of expected charges for scheduled psychological services provided from 01 Jan 2026-31 Dec 2026. If there are any cost changes after this date, you will be notified of this change at least 30 days in advance.

Service	Service code	Quantity (# of sessions or units. Give number or range)	Cost per unit	Expected cost
Initial evaluation, 45-75 minute session	90791	1-2	\$250	\$200-400
Individual Psychotherapy, 16-37 minute session	90832	Variable	\$145	Quantity X \$145
Individual Psychotherapy, 38-50 minute session	90834	Variable	\$165	Quantity X \$165
Individual Psychotherapy, 51-60 minute session	90837	Variable	\$175	Quantity X \$175
Family/Couple Psychotherapy, 42- 60 minute session	90847	Variable	\$185	Quantity X \$185
Crisis Management Psychotherapy, 30-74 minute session	90839	Variable	\$200	Quantity X \$200
Crisis Management Psychotherapy, each additional 30 minutes	90840	Variable	\$100	Quantity X \$100
Psychological Evaluation, First Hour	96130	1	\$200	\$200
Psychological Evaluation, Additional Hour	96131	Variable	\$150	Quantity X \$150

Total estimated cost: Variable depending on quantity of sessions. Quantity is determined through open collaboration between provider and patient.

NPI number: 1083120661 /1700738457 TIN: 85-2851453

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 when the estimate was signed.

Appointments that are cancelled or rescheduled with less than 24 hours' notice will be charged at the full appointment fee.

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 Dr. Vagt 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 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.

Name of Patient or Guardian

Date