



# music city therapy™

Tom Neilson, Psy.D.

Provider Name: Tom Neilson, Psy.D.	License# P1256
Provider Address: 1410 17 <sup>th</sup> Avenue South, Nashville TN 37212	
Provider Phone: 615-828-1054	
Provider Tax ID# 05-1469095	Provider NPI # 1538210703

Patient Name:	
Patient Address:	
Patient Phone #:	Patient Email:
Patient Diagnosis (if known/applicable):	
Services Requested/Provided: Individual Therapy (90834)	

You are entitled to receive this “Good Faith Estimate” of the estimated charges for psychotherapy services provided to you. While it is not possible for a psychotherapist to know, in advance, how many psychotherapy sessions may be necessary or appropriate for a given person, this form provides an estimate of the cost of services provided. Your total cost of services will depend upon the number of psychotherapy sessions you attend and your individual circumstances. This estimate is not a contract and does not obligate you to obtain any services from the providers listed, nor does it include any services rendered to you that are not identified here.

This Good Faith Estimate is not intended to serve as a recommendation for treatment or a prediction that you may need to attend a specified number of psychotherapy visits. The number of visits that are appropriate in your case and the estimated cost for those services is unknown and based on your needs, preferences, progress made in therapy and what you agree to in consultation with your therapist. You are entitled to disagree with any recommendations made to you concerning your treatment and you may discontinue treatment at any time.

The fee for a 50 minute individual therapy session (in-person or via telehealth) is \$150.00. Most clients will attend weekly or bi-weekly therapy sessions, though some may attend more or fewer sessions per month, depending on individual needs. Your ultimate total fee for treatment services will be the number of sessions multiplied by the ongoing session fee.

Length of treatment	Total estimated charges for 4 sessions/month	Total estimated charges for 2 sessions/ month
1 Month	\$600	\$300
3 months	\$1800	\$900
6 months	\$3600	\$1800
9 months	\$5400	\$2700
12 months	\$7200	\$3600

You have a right to initiate a dispute resolution process if the actual amount charged to you substantially exceeds the estimated charges stated in your Good Faith Estimate (which means \$400 or more beyond the estimated charges). For questions or more information about your right to a Good Faith Estimate, visit [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises)

You are encouraged to speak with your provider at any time about any questions you may have regarding your treatment plan, or the information provided to you in this Good Faith Estimate.

Signature: \_\_\_\_\_ Date of this Estimate: \_\_\_\_\_