



Dr. Jenny Shields

PSYCHOLOGY & CONSULTING



(713) 482-1925



hello@drjennyshields.com



www.drjennyshields.com

NOTICE OF GOOD FAITH ESTIMATE FOR HEALTHCARE SERVICES AND DIRECT PAYMENT AGREEMENT

Patient Name:		Patient DOB:	
Patient Address:			
Out-of-Network Provider:	Jennifer D. Shields		
Practice Name:	Shields Psychology & Consulting PLLC (DBA: Dr. Jenny Shields)		
Provider NPI #1:	1558998377	Practice NPI #2:	1235972886
TIN:	99-3445383	State License:	Texas #40268
APIT License:	APIT #10309	Location of Services:	Telehealth, Private Address
Website:	www.drjennyshields.com	Email:	hello@drjennyshields.com
Mailing Address:	8708 Technology Forest Pl., #114 The Woodlands, TX 77381		

About this Good Faith Estimate

The attached document is a **sample** prepared in accordance with the No Surprises Act (Public Health Service Act §2799B-6). It illustrates typical fees for therapy and consultation with Dr. Jenny Shields at Shields Psychology & Consulting, PLLC.

Your **individualized Good Faith Estimate will be generated once we agree on a service plan** and will be provided to you, in writing, at least 1 business day before your first appointment as required by law. You will have the opportunity to review, ask questions, and sign the estimate before any charges are incurred.

This sample is for informational purposes only and does not constitute a binding agreement

NEW PATIENTS: The estimate below includes the cost of your initial intake and a range of costs that are typical for new patients. Because each person's needs are unique, your provider will not have a full understanding of your diagnosis or treatment goals until after the initial evaluation. The length and frequency of therapy are influenced by many factors, including your schedule, attendance, completion of outside-of-session work (if applicable), ongoing life stressors, and the nature of your referral concerns. Most providers recommend weekly sessions for the first 8–12 weeks, after which frequency is often adjusted collaboratively. Some treatments may require 12–24 weeks or longer. You and your provider will work together to determine what's most appropriate.

CONTINUING PATIENTS: For continuing clients, the estimate below reflects a typical range of service costs over time. The number of sessions you need may vary depending on your progress, needs, and evolving circumstances. This estimate is not a contract or offer for services. It also does not reflect any insurance reimbursement, if applicable. Please check with your insurer for coverage and out-of-network reimbursement information, as some or all services may not be covered. The final cost of your care may be higher or lower than this estimate.

SHIELDS PSYCHOLOGY & CONSULTING, PLLC

(713) 482-1925 | hello@drjennyshields.com | 8708 Technology Forest Pl. Ste. 175 #114 | The Woodlands, TX 77381



Dr. Jenny Shields

PSYCHOLOGY & CONSULTING



(713) 482-1925



hello@drjennyshields.com



www.drjennyshields.com

Important Notes About This Estimate

- This estimate is based on current information and does **not** include any unknown or unexpected costs that may arise during care.
- You are **not required** to obtain services from this provider.
- This estimate does **not** include any health plan payments or reimbursements.
- Contact your health plan to confirm what may be covered and what you may owe.

Estimate of what you could pay

This Good Faith Estimate outlines expected costs of services based on what is known at the time of issue. You may be charged more if complications or special circumstances occur. All session rates are consistent across diagnoses, if the diagnosis is eligible for treatment by this provider.

Psychotherapy Services that Could be Expected by this Provider				
Service Type	Codes	Qty	Per Unit	Expected Cost
Initial Evaluation	90791	1	\$280	\$280
Psychotherapy	90837	1	\$250	\$250
Ongoing Psychotherapy for 8 Weeks After Intake	90837	8	\$250	\$2,000
Ongoing Psychotherapy for 12 Weeks After Intake	90837	12	\$250	\$3,000
Ongoing Psychotherapy for 24 Weeks After Intake	90837	22	\$250	\$6,000
Ongoing Psychotherapy for 48 Weeks After Intake	90837	48	\$250	\$12,000

Assessment Services That Could Be Expected from this Provider		
Assessment Type	Codes	Estimated Total Cost
Personality Assessment	96130, 96131, 96136, 96137	\$1500
ADHD and Core Mental Health Assessment	96130, 96131, 96136, 96137	\$3500
Autism Spectrum Disorder (ASD) and Core Mental Health Assessment	96130, 96131, 96136, 96137	\$5000
Individualized Assessment	Variable (a detailed breakdown will be provided prior to assessment; total cost will not exceed \$400 above the estimated total)	

Late Fee / No-Show Charges: The cancellation/no-show fee is \$280 for intake appointments and \$250 for standard sessions. This applies to cancellations with less than 48 hours' notice or if you are more than 20 minutes late to a session.

If your final bill is \$400 or more above this estimate, you may:

- Contact Dr. Shields to request a corrected bill or negotiate payment
- Initiate a **dispute resolution process** through the U.S. Department of Health & Human Services (HHS) within 120 days There is a \$25 fee to use the dispute process. Visit www.cms.gov/nosurprises or call 1-800-985-3059 to begin.

SHIELDS PSYCHOLOGY & CONSULTING, PLLC

(713) 482-1925 | hello@drjennyshields.com | 8708 Technology Forest Pl. Ste. 175 #114 | The Woodlands, TX 77381



Dr. Jenny Shields

PSYCHOLOGY & CONSULTING



(713) 482-1925



hello@drjennyshields.com



www.drjennyshields.com

Direct Payment Acknowledgment and Agreement

I understand that although services provided by Dr. Jenny Shields may be eligible for out-of-network reimbursement, I am choosing to pay directly and not to submit claims to insurance. I understand that direct payment may not be reimbursed by my insurance provider, and that some or all amounts I pay may not count toward my deductible or out-of-pocket maximum. I understand that Dr. Jenny Shields will not submit claims or release records to my insurance company without my written consent. I agree to pay the rates outlined in this Good Faith Estimate directly, without relying on insurance reimbursement. All services will be provided in accordance with HIPAA and applicable federal and state laws.

By signing below, I confirm the following:

- I am consenting of my own free will and have not been coerced or pressured
- I have received and reviewed this Good Faith Estimate
- I understand the expected costs of services and the limitations of insurance reimbursement
- I understand that this estimate is not a contract and may vary based on my treatment needs
- I have been informed of my rights and the federal dispute resolution process
- This estimate is valid for 12 months from the date of issue

I am choosing to pay for services directly and waive the use of my insurance for these services.