



HAVEN COUNSELING
RESTORATION & RECOVERY

2770 Main St. Suite 132 Frisco, TX 75033
havencounseling.com

(Required for ALL Clients)

Good Faith Estimate for Counseling Fees 2024-2025

The fees for the most frequent counseling services are listed below. Please note that counseling is not a single session type of service. Additional sessions are indicated but the number cannot be determined at this time.

Service Provider:

JAMES L. COLCLASURE, LPC, C-SAT

Texas LPC License #12949

50-minute individual sessions: \$170*

90-minute group sessions are billed per session or monthly. Group members attendance is expected unless a minimum of one week advance notice has been given: \$60/session*)

*Rate Increases will be communicated to clients 30 days in advance.

**Sliding Scale rates for need based requests are made at the sole discretion of the counselor.

Intensives - varies per package but are a flat fee

Testing - varies per package and depends on which tests are used

Other Group Therapy - varies per package

Extended 30-minute sessions: \$75-100

Larry Colclasure, LPC, C-SAT is private pay only. Out-of-network benefits are not available.

GOOD FAITH ESTIMATE for non-emergency, extended sessions, the specific fee will depend on your clinician and the unique circumstances requiring the extended time (e.g., planned vs. unplanned, holidays, after hours, multiple extended units of time). All team counselors are out-of-network insurance providers. This means that you will be required to pay full fee for each session by the date of service.

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, depends on your needs 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. 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.

You are entitled to receive this “Good Faith Estimate” of what the charges could be for therapy services provided to you. While it is not possible for a therapist to know, in advance, how many 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 therapy sessions you attend, your individual circumstances, the degree you actively engage in the process, unforeseen complications that occur during your treatment, your compliance with therapeutic recommendations, and the type and amount of services that are provided to you. There may be additional items or services your therapist may recommend as part of your care that must be scheduled or requested separately and are not reflected in this good faith estimate. This estimate is not a contract and does not obligate you to obtain any services from the provider(s) listed.

You have the 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, except for when providers, raise their standard rates. You will receive advance notice if this is to occur.

For questions or more information about your right to a Good Faith Estimate or the dispute process, visit <https://www.cms.gov/nosurprises/consumers> or call 1- 800-985-3059. The initiation of the client-provider dispute resolution process will not adversely affect the quality of the services furnished to you. You have the 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, except for when providers, raise their standard rates. You will receive notice if this occurs.

Traditional outpatient therapy typically involves one session per week, per year - although your specific session frequency may be more or less than this.

Haven Counseling, PLLC 2770 Main St. Suite 132 Frisco, TX 75033
tel. 469-712-5717 havencounseling.com

Please acknowledge reading the fee schedule by signing below:

Customer Signature _____

Date _____