

Spader Psychological Services, LLC

Michelle Spader-Cloud, PSYD, BCBA-D, COBA

Licensed Clinical Psychologist • Board Certified Behavior Analyst • Central Ohio Behavior Analyst
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Good Faith Estimate

Client Name: _____ Date of Birth: _____

You have been referred to my office for a Psychological Evaluation. I'm required to give you a Good Faith Estimate of the cost if you are uninsured or don't want to use insurance for this care. The information below is based on my private pay (out of pocket) rates. The cost I am providing is based on the average amount of time I use to complete an evaluation, billed per hour of time.

If you DO intend to use insurance, check with your insurance carrier to find out what your copayment/coinsurance rates and deductible amounts are.

Current ICD-10 diagnosis: R69 (diagnosis deferred); will be modified after evaluation is completed

Evaluation Process (all billed at \$190 per hour; usually 4-7 total hours needed):

CPT 90791: 1-1.5 hours

CPT 96130: 2 hours

CPT 96131: 1 hour (only needed occasionally)

CPT 96136: 0.5 hours

CPT 96137: 1-3 hours

Total of estimated private pay cost: \$760-\$1520

Therapy Process

CPT 90791: 1-1.5 hours, intake only

CPT 90837: 1 hour, each session after intake

This is just a rough estimate based on my typical evaluation process. The duration of the evaluation can be longer or shorter depending upon your evaluation needs. Unless required by a court order (an extremely rare situation), you are free to discontinue services at any time, and you are free to discuss any questions you may have. You are ultimately in control of your own healthcare; I am just here to provide help at your request.

Location of services: 6260 South Sunbury Road, Suite 5, Westerville, Ohio 43081

My identifying information: Michelle Spader-Cloud, PsyD, BCBA-D

National Provider Identifier: 1558794545

Tax ID number: 81-1996480

Signature of Patient (or parent/guardian)

Date

Relationship to Patient (if necessary)

Michelle Spader-Cloud, PsyD, BCBA-D

Date