



Good Faith Estimate for Mental & Behavioral Health Services

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If you are uninsured, or choose to not submit claims to your health insurance plan, you are entitled to receive a "Good Faith Estimate" of what the charges could be for healthcare services provided to you. While it is not possible for a mental health provider 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 sessions you attend, your individual circumstances, and the type and amount of services that are provided to you. This estimate is not a contract and does not obligate you to obtain any services from the provider(s) 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 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 provider. 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 60-minute visit is set by each individual provider. Fee Schedules are provided for each provider, below. Most clients will attend one visit per week, but the frequency of visits that are appropriate in your case may be more or less than once per week, depending upon your needs. Based on a fee of \$175 per visit, the following are expected charges of mental and behavioral health services:

Number of Weeks	Total estimated charges for 1 (60 min) session per week	Total estimated charges for 2 (60 min) sessions per week
1 Week of Service	\$175	\$350
13 Weeks of Service (Approx. 3 Months)	\$2275	\$4550
26 Weeks of Service (Approx. 6 months)	\$4550	\$9100
39 Weeks of Service (Approx. 9 months)	\$6825	\$13650
52 Weeks of Service (Approx. 12 Months)	\$9100	\$18200

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).

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.

Provider Information and Fee Schedules

Allied Wellness Collective, IPA, LLC is an independent practice association, and in itself, does not provide any healthcare or medical services. Each provider associated with Allied Wellness Collective is an independently contracted provider and maintains clinical autonomy. Allied Wellness Collective provides administrative and technical services to each provider. Each provider sets their own rates and fees for items and services. Below is a list of our current providers and their applicable fees. If a fee for a service you attended is not listed, please contact the Billing Office at (518) 952-9290 or billing@weareallied.org for assistance.

Provider Information	90791: Initial Session	90832: 30 Minute Session	90834: 45 Minute Session	90837: 60 Minute Session	90847: Family Session	90853: Group Session	90839: Crisis Session (scheduled on same day)
Caitlynn Allen-Kehoe, LMHC NPI: 1912540568	\$200	\$100	\$150	\$175	\$200	\$75	\$275
Alize Cooley, LMFT NPI: 1659861656	\$160	\$100	\$115	\$130	\$130	\$75	\$200
Steven DiMarzo, LMHC NPI: 1386914711	\$200	\$100	\$150	\$175	\$200	\$75	\$275
Karin Earle, LMFT NPI: 1053072124	\$160	\$100	\$115	\$130	\$130	\$75	\$200
Stephanie Grover, LMHC NPI: 1053875286	\$200	\$100	\$150	\$175	\$200	\$75	\$275
Theresa Jenkins, LMFT NPI: 1659861656	\$160	\$100	\$115	\$130	\$130	\$75	\$200
Connie Kinch, LMHC NPI: 1073104931	\$200	\$100	\$150	\$175	\$200	\$75	\$275
Allison Macon, LCSW NPI: 1942885140	\$200	\$100	\$150	\$175	\$200	\$75	\$275
Gehrig Martin, LMHC NPI: 1477144376	\$200	\$100	\$150	\$175	\$200	\$75	\$275
Amy Meredith, LMHC NPI: 1386263572	\$200	\$100	\$150	\$175	\$200	\$75	\$275
Alaina Mormile, LCSW NPI: 1154562692	\$200	\$100	\$150	\$175	\$200	\$75	\$275
Joelsen Resimo, LCSW NPI: 1891578969	\$200	\$100	\$150	\$175	\$200	\$75	\$275
LeeAnn Swager, LMFT NPI: 1417533670	\$160	\$100	\$115	\$130	\$130	\$75	\$200
Cortnie Valle, MFT-Permit	\$160	\$100	\$115	\$130	\$130	\$75	\$200
BrieAnne Wilson, LMHC NPI: 1023475415	\$200	\$100	\$150	\$175	\$200	\$75	\$275

***Note:** This information is intended to provide guidance for a good faith estimate. The fees above may be less for any patient on a sliding scale or discounted fee program. Additionally, any insured patient who uses their insurance benefits will likely be responsible for less than the amounts listed above.