Serenity Hope CS Counseling

Julie Stoneham LCSW

13940 N US HWY 441 Ste 210

Lady Lake FL 32159

Email: juliestonehamlcsw@gmail.com

NPI 114279684 TIN …4228

'Good Faith Estimate'

Name_____ Date of Birth_____ Date_____

Estimated Type of Services Provided: Individual/Family Assessment/Psychotherapy

Estimated Length of Services Provided: 3-12 months

Location of Patient and Clinician: In office/teleheath

Description of Treatment Modalities may include any of the following: Risk Assessment Cognitive Behavioral Therapy, Communication Skills, Compliance Issues, emotional identification and expression, Exploration of Coping Patterns, Exploration of Relationship Patterns, Interactive Feedback, Interpersonal Resolutions, Mindfulness Training, Motivational Interviewing, Psycho-Education, Relaxation/Deep Breathing, Review of Treatment Plan/Progress, Role-Play/Behavioral Rehearsal, Self-regulation, Structured Problem Solving, Supportive Reflection, Symptom Management, Trauma Focused

Treatment Goals: Reduce or eliminate symptoms associated with Clinically Necessary Assessed Diagnosis

Estimated Charges for each Service Provided $130-$140 or as agreed on a sliding scale amount of _____ Per session

DISCLAIMER: These estimates may change as the treatment progresses and are not a guarantee of treatment frequency, length or cost. Your signature does not require you to receive psychotherapy services from me.

LCSW Signature_____ LCSW (Printed)_____

Patient Signature_____ Patient (Printed)_____