

Keen Psychiatry, PLLC
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 Houston, TX 77030
 (713) 795-4441

EIN# 87-4603741
 NPI# 1396984795

GOOD FAITH ESTIMATE 2024

Patient Name: _____

Patient Date of Birth: _____

Patient contact information (email, address, phone number): _____

Primary Service Requested:	Date of Service	Service Description	Duration	Frequency	Fee Per Service	Total Estimate
New patient evaluation visit	TBD	Assessment for mental health disorders and treatment planning	60-75 min	Once at the start of treatment	\$500	\$500
Consultation	TBD	One-time assessment for mental health disorders and recommendations	60-75 min	Once	\$600	\$600
Established patient visit 50-55 min	TBD	Monitoring for progress, and medication management, with psychotherapy and/or lifestyle coaching	50-55 min	Based on your needs	\$325	\$325 multiplied by the number of visits
Established patient visit 20-25 min	TBD	Monitoring for stability, medication management	20-25 min	Based on your needs	\$225	\$225 multiplied by the number of visits
Communication with the physician outside of appointment time during regular clinic operating hours	TBD	Telephone call, text messages, or e-mail messages exchanged with the physician during regular clinic operating hours	As needed	As needed	\$50 for every 10-minute interval	
Communication with the physician outside of regular clinic operating hours	TBD	Telephone call, text message or e-mail messages exchanged with the physician outside of regular clinic operating hours	As needed	As needed	\$50 for the first 1-minute and \$50 for every additional 10-minute increment	
Physician services outside of appointment time	TBD	Including but not limited to completion of paperwork or letters requested by you, prescription refills requested outside of an appointment time or outside of regular clinic operating hours, or extensive medical record reviews	As needed	As needed	\$25 for every 10-minute interval	

Your treatment needs may vary throughout the year. You may need fewer or more frequent sessions, which would impact this estimate accordingly. You may also discontinue treatment at any time. For example, if you were to attend monthly 50-minute sessions for 1 year (without breaks, holidays, etc.) your estimated total for services would be $\$325 \times 12 = \$3,900$ for the year. The estimate is based on information known at the time the estimate was created. The Good Faith Estimate does not include any unknown or unexpected costs that may arise during treatment. You could be charged more if complications or special circumstances occur. If this happens, federal law allows you to dispute (appeal) the bill. If you are billed for more than this Good Faith Estimate, you have the right to dispute the bill. You may contact the health care provider or facility listed to let them know the billed charges are higher than the Good Faith Estimate. You can ask them to update the bill to match the Good Faith Estimate, ask to negotiate the bill, or ask if there is financial assistance available. You may also start a dispute resolution process with the U.S. Department of Health and Human Services (HHS). If you choose to use the dispute resolution process, you must start the dispute process within 120 calendar days (about 4 months) of the date on the original bill. There is a \$25 fee to use the dispute process. If the agency reviewing your dispute agrees with you, you will have to pay the price on this Good Faith Estimate. If the agency disagrees with you and agrees with the health care provider or facility, you will have to pay the higher amount.