## Keen Psychiatry, PLLC EIN# 87-4603741

## The Office of Corinna Keenmon, MD NPI# 1396984795

## 6550 Fannin ST, STE 961

## Houston, TX 77030

## (713) 795-4441

**GOOD FAITH ESTIMATE 2025**

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 |
| Established patient visit telehealth visit 15 min | TBD | Brief telephone or audiovisual calls for brief interventions or medicine management | Up to 15 min | Based on your needs | $125 | $125 multiplied by number of visits |
| Communication with the physician outside of a scheduled appointment time | TBD | Telephone call, text messages, or e-mail messages exchanged with the physician outside of a scheduled appointment time. | As needed | As needed | $50 for every 10-minute interval |  |
| 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 x 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.