



6000 Greenwood Plaza Blvd #105

Greenwood Village, CO 80111

☎ 303-770-6933

📠 303-586-6075

[creekside@creeksidecollaborativetherapy.net](mailto:creekside@creeksidecollaborativetherapy.net)

[www.creeksidecollaborativetherapy.com](http://www.creeksidecollaborativetherapy.com)

## Good Faith Estimate

Effective January 1, 2022, a ruling went into effect called the "No Surprises Act" which requires practitioners to provide a "Good Faith Estimate" about out-of-network care. The Good Faith Estimate works to show the cost of items and services that are reasonably expected for your health care needs for an item or service, a diagnosis, and a reason for therapy. 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 and will be provided a new "Good Faith Estimate" should this occur. If this happens, federal law allows you to dispute (appeal) the bill if you and your provider(s) have not previously talked about the change and you have not been given an updated good faith estimate.

Under Section 2799B-6 of the Public Health Service Act (PHSA), health care providers and health care facilities are required to inform individuals who are not enrolled in a plan or coverage or a Federal health care program, or not seeking to file a claim with their plan or coverage both orally and in writing of their ability, upon request, or at the time of scheduling health care items and services to receive a "Good Faith Estimate" of expected charges. Note: The PHSA and GFE does not currently apply to any clients who are using insurance benefits, including "out of network benefits (i.e., submitting superbills to insurance for reimbursement). Timeline requirements: Practitioners are required to provide a good faith estimate of expected charges for a scheduled or requested service, including items or services that are reasonably expected to be provided in conjunction with such scheduled or requested item or service." That estimate must be provided within specified timeframes: If the service is scheduled at least three business days before the appointment date, no later than one business day after the date of scheduling; If the service is scheduled at least 10 business days before the appointment date, no later than three business days after the date of scheduling; or If the uninsured or self-pay patient requests a good faith estimate (without scheduling the service), no later than three business days after the date of the request. A new good faith estimate must be provided, within the specified timeframes if the patient reschedules the requested item or service.

### Common Services at Creekside Collaborative Therapy

90791: Initial therapy intake (not timed)

90837: Ongoing therapy appointments (approx. 55 minutes)

90847: Family/Couples appointments (approx. 55 minutes)

99204: Initial medication management appointment (approx. 40 minutes)

99204: Initial medication management appointment (approx. 60 minutes)

99213: Follow up medication management appointment (approx. 20 minutes)

99214: Follow up medication management appointment (approx. 30 minutes)

**Common Diagnosis Codes at Creekside Collaborative Therapy** *Below are common diagnosis codes at Creekside Collaborative Therapy; however, the list is not exhaustive. With that said, diagnosis codes can change based on many factors. Please speak to your provider with any questions or concerns.*

Adjustment Disorder (F43.23)

Mental Disorder, Not Otherwise Specified (F99)

Depression (F32.9)

Anxiety (F41.1)

Bipolar (F31.9)

PTSD/Post Traumatic Stress Disorder (F43.10)

**Creekside Collaborative Therapy recognizes every client's therapy journey is unique.** How long you need to engage in services and how often you attend appointments will be influenced by many factors including

Your schedule and life circumstances

Clinician availability

Ongoing life challenges

The nature of your specific challenges and how you address them

Personal finances

You and your provider will continually assess the appropriate frequency of services and will work together to determine when you have met your goals and are ready for discharge and/or a new "Good Faith Estimate" will be issued should your frequency or needs change.

**Where services will be delivered.**

Creekside Collaborative Therapy is primarily an exclusively telehealth practice at this time; as such, all benefits will be quoted as virtual unless indicated otherwise in the notes section of this document. However, virtual and in-office services are charged the same.

**Creekside Collaborative Therapy Location:**

6093 S. Quebec #100, Centennial CO 80111

**Creekside Collaborative Therapy's Tax ID & Type II NPI:**

Tax ID: 46-3049470

Type II NPI: 182-142-2379

**Clinicians at Creekside Collaborative Therapy and NPI's:**

Denyse Breeden, LPC - 1578806006

Casey Pope, BS - 1073266482

Matthew Disbrow, LCSW - 1912196163

Alyce Duckworth, LCSW - 1861524944

Holly Ellis, PMHNP - 1437500097

Meghan Epstein, LPC - 1427430024

Carla Farris, PMHNP - 1881845881

Katharine (Katie) Gannon, LPC, LAC - 1447568720

Blair Grant, BSW- 1780339168

Christopher Hutchings, PMHNP - 1457523763

Cynthia Jackson, PMHNP - 1215022280

Michelle Lefco-Rockey, LCSW - 1376733808

Christy Miller - 1992466627

Bridget Ojera, LPC - 1831577410  
Jenna Radcliffe, MA-1760134795  
Tamarah Rodriquez, MD, LPC, LMFT - 1790037174  
Leslie Vannucci, PMHNP - 1871759696  
Allison Zage, LSW - 1447803655

## Patient Information

### 1. Please enter your information.

First Name

---

Last Name

---

Date of Birth

---

### 2. Patient Mailing Address, Phone, Number, and Email Address

Street Address: \_\_\_\_\_ Apt./Unit #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

---

Email Address: \_\_\_\_\_

---

Patient's Contact Preference

By postal mail  By email

## Patient Diagnosis

At Creekside Collaborative Therapy, we must diagnose all client for both ethical, legal, and insurance reasons--- as well as required by the "No Surprises Act".

### Your Good Faith Estimate Diagnosis is:

Primary Diagnosis: Z73.3-Stress not elsewhere specified

Secondar Diagnosis: F99- Mental Health Disorder, Not Otherwise Specified

This diagnosis is only to satisfy the federal requirement for this form. This is not a formal psychological diagnosis. A formal diagnosis occurs after an assessment has been completed. That will take place 1-5 sessions after beginning psychotherapy. If you choose to decline a formal diagnosis, we will not update this GFE.

It is within your rights to decline a diagnosis per state and federal guidelines.

### 3. Primary Service of Item Requested/Scheduled

- Individual Therapy                       Couples Therapy                       Family Therapy  
 Medication Management

4.		Date Scheduled	Not Yet Scheduled	Not Applicable
	Individual Therapy			
	Family Therapy			
	Couples Counseling			
	Medication Management			

## You Financial Responsibility Summary

For a good faith estimate: the amount you would owe if you were to attend therapy for 52 sessions in a year (weekly, without skipping any weeks for holidays, break, vacation, unplanned events/sickness, etc.) and/or 18 medication management appointments a year. The "Good Faith Estimate" requires practitioners to provide an exact estimate and not a range. Out of an abundance of caution and transparency, we will only quote weekly appointments and 18 yearly medication management appointments.

### 5. Your Annual Cost Estimate

	Your Clinician Is	Your Insurance Is	Your Clinician is In or Out of Network	Your Cost for Intake	Your Cost for Ongoing Appointments	Your Total Annual Cost
Clinician Name						
Clinician Name						
Clinician Name						
Clinician Name						
Clinician Name						
Clinician Name						
TOTAL						

## Additional Details

## 6. Notes

---