CENTRA PC
Comprehensive Psychotherapy & Psychiatric Associates

Good Faith Estimate for Health Care Items and Services

Patient Information:

First Name:_____
Middle Name:_____
Last Name:_____
Date of Birth:_____
Address:_____
City:_____ State:_____ Zip Code:_____
Phone/Cell:_____
Email Address:_____
Contact Preference: ☐ By mail ☐ By email (check the box)

Patient Diagnosis

Primary Service or Item Requested/Scheduled: (check the box)
☐ Evaluation ☐ Therapy ☐ Medication Management ☐ Other _____

Patient Primary Diagnosis (or temporary for new patients): Mental Health Disorder, NOS
Primary Diagnosis Code: F99

Provider name: ☐ Mala Gupta, MD ☐ Margaret Harbison, MD
☐ Alexander Strauss, MD ☐ Lan I. Kycia, MD ☐ Albert Wu, MD
☐ G. Pirooz Sholevar, MD ☐ Deanna Pepe, DO
If scheduled, list the date(s) the service and treatment provided
Date (s): _____ (fill in box and check service below)
☐ Check this box if this service is not yet scheduled
Service: ☐ Evaluation ☐ Therapy ☐ Medication Management ☐ Other

Date of Good Faith Estimate:_____/_____/_____

Estimated Total Cost: Evaluation $395 per evaluation session.
$295 per therapy + medication session. $195 per medication session

*Most adult evaluations are 1 visit and most child evaluations are 2 visits.

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Provider/Facility Name:

Centra, P.C.

Street Address:

5000 Sagemore Drive Ste 205

City:	**State:**	**Zip Code:**
Marlton	NJ	08053

Phone:	**Email:**
856-983-3866	info@centrapc.com

National Provider Identifier: **Taxpayer Identification Number: 223340716**

- ☐ Mala Gupta, MD 1407973001
- ☐ Margaret Harbison, MD 1245357235
- ☐ Alexander Strauss, MD 1396946869
- ☐ Lan I. Kycia, MD 1760500235
- ☐ Albert Wu, MD 1669415675
- ☐ G. Pirooz Sholevar, MD 1649324955
- ☐ Deanna Pepe, DO 1336111822

Service/Item:

Evaluation or Therapy or Medication Sessions

Address where service/item will be provided:

5000 Sagemore Drive Ste 205

Procedure Code:

Evaluation session 90792. Therapy session 90846 or 90847 or 90836 + 9921_(1-5). Medication session 9921_ (1-5)

Diagnosis Code:

F99

Quantity:

Evaluation session 1 or 2 (mostly for children), Therapy session 1 to 52 sessions per year, Medication 1 to 52 sessions per year.

Expected Cost:

Evaluation $395 per session. Therapy $295 per session. Medication $195 per session.

Additional Health Care Provider/Facility Notes:

*Typical frequency of therapy is 1x per week or less. Typical amount of medication sessions is 4 to 12 per year.

Please use a calculator to estimate your annual cost.

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Disclaimer

This Good Faith Estimate shows the costs of items and services that are reasonably expected for your health care needs for an item or service. 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.

To learn more and get a form to start the process, go to www.cms.gov/nosurprises

For questions or more information about your right to a Good Faith Estimate or the dispute process, visit www.cms.gov/nosurprises

Keep a copy of this Good Faith Estimate in a safe place or take pictures of it. You may need it if you are billed a higher amount.