



Missouri

222 W Gregory Blvd, Ste 120, Kansas City 9200 NE Barry Rd, Ste 110, Liberty 2900 NE 60th St, Ste 206, Gladstone

Kansas

7223 W 95th St, Ste 220 & 300, Overland Park 25255 W. 102nd Terrace, Suite 200, Olathe

Good Faith Estimate

NPI: 1720592330 Tax ID: 81-256-8820			
Client Last Name	Client First Name		Date of Birth
Services will be provided at one	of the follo	wing locations:	
7223 W 95th St. Suite 220 Overland Park, KS 66212	7223 W 95th S	7223 W 95th St. Suite 300 Overland Park, KS 66212	
222 W Gregory Blvd. Suite 120 Kansas City, MO 64114	9200 NE Barry Rd. Suite 110 Liberty, MO 64157		
25255 W. 102nd Terrace, Suite 200, Olathe, Kansas 660	61 2900 NE 60th	St Suite 206, Gladstone, MO 64119	
Patient Treatment will be one of	the following	ng:	
Individual Therapy (\$140.00) Family	Therapy (\$1	40.00) Therapy provide	ed by Student Intern (\$60.00)
Diagnosis Code: To be determined	or provided	by request	
Total estimated cost for one year of services:		Total estimated cost for one year of services with Student Intern Therapist:	
Weekly (\$140.00 x 52) \$7280.00		Weekly (\$60.00 x 52) \$3120.00	
Bi-Weekly (\$140.00 x 26) \$3640.00		Bi-Weekly (\$60.00 x 26) \$1560.00	
Monthly (\$140.00 x 12) \$1680.00		Monthly (\$60.00 x 12) \$720.00	
By signing you acknowledge that above. This is not a contract.	you have ro	eceived and understar	nd the Good Faith Estimate
Your Name		Your Relationship	to Client
Tour Name		c Self c Parent /	
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Client Signature		Date	

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