



Sohi Lachini, Psy.D.
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Good Faith Estimate

Under Section 2799B-6 of the Public Health Service Act, starting January 1, 2022, health care providers and health care facilities are required to provide a Good Faith Estimate of expected charges for items and services to individuals who are not enrolled in an insurance plan or coverage or a Federal health care program, or not seeking to file a claim with their plan or coverage.

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 based on information known at the time the estimate was created. This estimate is based on meeting 52 sessions in one year (52 weeks). I expect your costs to be less than this as we are unlikely to meet every week, due to holidays, time offs, etc. But this is a good faith estimate of the maximum possible out of pocket costs for this calendar year.

This estimate is not a contract and does not obligate you to obtain any services from the provider(s) listed, nor does it include any services rendered to you that are not identified here.

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.

Should unforeseen circumstances arise and you need a higher level of care than has been accounted for in this estimate, I will promptly provide you with a new Good Faith Estimate. Please do not hesitate to reach out if you have any questions or concerns.

Psychotherapy

Individual Therapy (50 minutes) Weekly Session Fee: \$200.00

Couple Therapy (60 minutes) Weekly Session Fee: \$225.00

Couple Therapy (75 minutes) Weekly Session Fee: \$250.00

Non-Therapeutic/Other Fees

I charge the therapy hourly rate of \$200 (prorated) for all other services (except for court related services) such as: phone calls over 10 minutes; attending meeting(s) with other professionals that you have authorized; preparation of records or treatment summaries; administration for time spent performing any other services you may request of me.

Charge Backs - \$30.00

Non-sufficient funds (NSF) - \$30.00

Court/Litigation Fee

I charge the court hourly rate of \$800 (prorated) for all court related services, such as: Communication (phone, text/SMS, email, written letters, etc.); preparation (including submission of records, cancellation of clients, etc.); in court appearance; deposition/testimony; travel time; court filing; express service, etc. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even when I am called to testify by another party.

Total estimated psychotherapy cost

Individual Annual Session Fee: Maximum \$10400.00*

(based on 52weeks x \$200.00 = \$10400.00)

Couple Therapy (60 minutes) Annual Session Fee: Maximum \$11700.00

(based on 52weeks x \$225.00 = \$11700.00)

Couple Therapy (75 minutes) Annual Session Fee: Maximum \$13000.00

(based on 52weeks x \$250.00 = \$13000.00)

Cancelation policy

You are responsible for the payment of your appointment if/when you cancel.

You will be charged the full fee (i.e. not just your co-pay) if you miss or cancel a scheduled session. If you give me 48 hours notice by leaving a message on my office voicemail or email, I will do my best to offer you a rescheduling time during the same week. You can request and receive a waiver of this fee once per

quarter. This is necessary because a time commitment is made to you and is held exclusively for you. If you are late for a session, you may lose some of that session time. (You should note that insurance companies generally will not reimburse for missed sessions).

Payments are non-refundable. Unpaid balances older than 90 days would be subject to collection proceeding and service may be interrupted until payment is made.

Provider Information

All services will be provided by me, Sohi Lachini, Psy.D. via Telehealth to residents of California.

Provider name: Sohi Lachini, Psy.D.

Provider/facility type: Private Practice/Telehealth

Mailing address: 4400 Keller Ave Suite 140

City: Oakland

State: CA

ZIP code: 94605

Phone: (510) 830-1033

Email: drsohilachini@gmail.com

National Provider Identifier (NPI): 1720371297

Taxpayer Identification Number (TIN): 83-2998488

Disclaimer

If you are billed for more than this Good Faith Estimate, you have the right to dispute the bill.

Please contact me with with any questions and in case of any discrepancies between your GFE and billed charges. You can ask for an updated 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 or call HHS at (800) 368-1019.

For questions or more information about your right to a Good Faith Estimate or the dispute process, visit www.cms.gov/nosurprises or call (800) 368-1019. Keep a copy of this Good Faith Estimate in a safe place or take a picture of it. You may need it if you are billed a higher amount.