

Mandalyn Castanon, LMHC, LPCC

3003 N. Blackstone Ave, #101B, Fresno, CA 93730

765-896-5030||mandy@castanoncounseling.com ||www.castanoncounseling.com

2025 Good Faith Estimate Notice

You have the right to receive a “Good Faith Estimate” explaining how much your medical and mental health care will cost.

Under the law, health care providers need to give patients who don’t have insurance or who are not using insurance an estimate of the expected charges for medical services, including psychotherapy services.

You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency healthcare services, including psychotherapy services.

You can ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule a service.

If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill. Make sure to save a copy or picture of your Good Faith Estimate.

For questions or more information about your right to a Good Faith Estimate, visit www.cms.gov/nosurprises or call (800) 985-3059.

See Below for the 2025 Table of Services & Fees.

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2025 GOOD FAITH ESTIMATE TABLE OF SERVICES AND FEES

Service Code (CPT Code)	Description	Fee for Service (Number of Sessions will be Determined as we Progress)
90791	Initial Diagnostic Evaluation	\$160.00
90832	Psychotherapy, 16-37 minutes	\$100.00
90834	Psychotherapy, 38-52 minutes	\$160.00
90837	Psychotherapy ≥ 53 minutes	\$160.00
+90839	Psychotherapy for a crisis (add on each code for additional 30 minutes)	\$160.00
90846	Family Psychotherapy without patient present, 50 minutes	\$200.00
90847	Family Psychotherapy with patient present, 50 minutes	\$200.00
9896-98968	Telephone Assessment & Management, ≥ 5 minutes	Prorated based on the amount of time spent at hourly rate
98970-98972	Online Digital Evaluation & Mgt (Responding to Email & Text Messages)	Prorated based on the amount of time spent at hourly rate
Initial Consultation	Initial Phone/Video Consultation, 15 minutes	\$0.00
Cancellation Fee	Your therapist requires a 24-Hour Cancellation Fee	Full Fee for agreed upon service. You are responsible for the fee of the missed appointment.
Reproduction of Records	1-10 pages 11-50 pages 51+ pages	\$1.00 ea \$0.50 ea \$0.25 ea
Legal Fees	Court Testimony w/ Travel	\$350 per hour plus mileage at \$0.57 per mile from office

Total Estimate:	This Good Faith Estimate explains your therapist's rate for each service provided. Your therapist will collaborate with you throughout your treatment to determine how many sessions and/or services you may need to receive the greatest benefit based on your diagnosis(es)/presenting clinical concerns.
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Please note that Place of Service (in office vs. telemental health) is not delineated above since charges are identical. Table does not reflect reduced cost or pro bono agreements

Number of Weeks	Total estimated charges for 1 session per week	Total estimated charges for 2 sessions per week
1 Week of Service	\$160	\$320
13 Weeks of Service (Approx. 3 Months)	\$2,080	\$4,160
26 Weeks of Service (Approx. 6 months)	\$4,160	\$8,320
39 Weeks of Service (Approx. 9 months)	\$6,240	\$12,480
52 Weeks of Service (Approx. 12 Months)	\$8,320	\$16,640