Danielle Moulds, PLLC
Phone: 360-670-0512
Email: danielle@daniellemouldstherapy.com
Site: DanielleMouldsTherapy.com

Good Faith Estimate

Session Rates

Intake session:	$180
Standard Individual session:	$150
Couples/Family session:	$200

NPI: 1205660792 **EIN:** 41-4594778

Effective Date: April 1, 2026 – December 31, 2026

Brief Explanation of Estimate for New Individual Client:

The estimate below is the cost that is likely for most new clients. Until I do an initial evaluation and we start to work together, I will not have a clear picture of your specific diagnosis, issues, and needs. I typically see individual therapy clients for **16 - 24 sessions** for a total cost of **$2430 - $3630**. But in some cases, a client's needs may be more complicated or they may request more therapy sessions, so we may need additional sessions during the time covered by this estimate

Session Type	Cost
Intake Session	$180
15 – 23 Additional Sessions at $150 each	$2250 - $3450
Total Estimated Range for 16 – 24 Sessions	**$2430 - 3630**

Brief Explanation of Estimate for New Couples/Family Clients:

The estimate below is the cost that is likely for most new couples/family clients. Until I do an initial evaluation and we start to work together, I will not have a clear picture of your specific diagnosis, issues, and needs. I typically see couples/family therapy clients for **16 - 24 sessions** for a total cost of **$3180 - 4780**. But in some cases, clients' needs may be more complicated or they may request more therapy sessions, so we may need additional sessions during the time covered by this estimate

Session Type	Cost
Intake Session	$180
15 – 23 Additional Sessions at $200 each	$3000 - $4600
Total Estimated Range for 16 – 24 Sessions	**$3180 - 4780**

Services are anticipated to be provided generally on a weekly basis until treatment is terminated. Additional services may be recommended. This estimate of your costs is only an estimate, and your actual charges may differ. You have the right to initiate the patient provider dispute resolution process if the charges you are actual billed substantially exceed the expected charges in this Good Faith Estimate, you may contact me directly or you can start a dispute resolution process with the U.S. Department of Health and Human Services (HHS) directly. If you choose to use the dispute resolution process, that will not adversely affect the quality of health care services I provide to you. This estimate of costs is not a contract and does not obligate you to obtain clinical services from me.

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Client Information

Client Name: _____ DOB: _____

Disclaimer

This Good Faith Estimate shows the costs of services that are reasonably expected for the expected services to address your mental health care needs. The estimate is based on the information known to me when I did the estimate.

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 $400 more than this Good Faith Estimate (GFE), you have the right to dispute the bill.

You may contact the Danielle Moulds at the contact listed above to let them know the billed charges are at least $400 higher than the GFE. You can ask them to update the bill to match the GFE, 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 GFE. 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 CMS at 1-800-985-3059.

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For questions or more information about your right to a Good Faith Estimate or the dispute process, visit www.cms.gov/nosurprises or call CMS at 1-800-985-3059.

This GFE is not a contract. It does not obligate you to accept the services listed above.

Keep a copy of this Good Faith Estimate (GFE) in a safe place or take pictures of it. You may need it if you are billed more than $400 than the estimate provided above.

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