

## Good Faith Estimate for Counseling Services

This Good Faith Estimate shows the costs of items and services that are reasonably expected for your mental health care needs for counseling services at Anavah Christian Counseling. This estimate is based on information known at the time it was created on September 1, 2025. You may be charged more if additional services are required or if your needs change.

### Client Information

Client Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### Provider Information

Provider Name: Jessica Wiseman, MA, LPC, CCTP-II

Practice Name: Anavah Christian Counseling

Phone: 972.316.7566

Website: [anavahchristiancounseling.com](http://anavahchristiancounseling.com)

Email: [Jessica@anavahchristiancounseling.com](mailto:Jessica@anavahchristiancounseling.com)

Service Location: 105 S. Grand Ave. Ste. A, Waxahachie, TX 75165 or Virtual

### Services and Fees

The following is a list of expected services and costs. Your actual number of sessions may vary depending on your specific needs and treatment plan.

- Initial Individual Counseling Session (50 minutes): \$160
- Recurring Individual Counseling Sessions (50 minutes): \$150
- Initial Multi-Client Session (Couples/Family, 50 minutes): \$175
- Recurring Multi-Client Sessions (50 minutes): \$165

### Estimated Frequency of Services

The typical counseling plan may include one session per week for 12 weeks. Based on this plan, your estimated total costs may range from:

- Individual Counseling: \$1,800–\$2,000
- Multi-Client Counseling: \$1,980–\$2,145

Please note this is only an estimate and may change.

## Disclaimer

This Good Faith Estimate is not a contract. You are not obligated to receive services from Anavah Christian Counseling. You may request updates to this estimate at any time.

If you receive a bill that is at least \$400 more than this estimate, you may be eligible to dispute it.

For questions or more information, visit [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) or call 1-800-985-3059.

## Acknowledgment

I acknowledge that I have received a copy of this Good Faith Estimate.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_