

CENTER FOR POSITIVE CHANGE, LLC

800 Kensington Ave, Ste 208; Missoula, MT 59801

Phone: 406-830-3808; Fax: 775-243-9945

Good Faith Estimate for Health Care Items and Services

(For patients who don't have insurance or who are not using insurance)

Patient First Name

Middle

Last

Patient Date of Birth _____

Street/PO Box

City

State

Zip

Phone

Email

Primary Service (i.e., psychotherapy)
Service (i.e., testing)

Secondary

Primary Diagnosis

Service CPT Code

Additional Diagnosis
Service CPT Code

*Estimated number of sessions _____
hours _____

*Estimated number of

*Estimated cost per session _____

*Estimated cost per hour

Total Estimated Costs \$ _____
\$ _____

Total Estimated Costs

Provider Name _____

Signature

Patient Name _____

Signature

The above is a good faith **estimate of services and charges. The outcome may vary due to circumstances.*