

Mended Therapy Group

Good Faith Estimate for Therapy Services

Effective Date: February 23, 2026

Website: www.mendedtherapygroup.com

Location: Charleston, SC & Virtual Sessions Across South Carolina

Purpose of This Notice

Under the No Surprises Act (Section 2799B-6 of the Public Health Service Act), health care providers are required to provide clients who are not using insurance (self-pay clients) with an estimate of the expected charges for services. This is called a Good Faith Estimate (GFE). The purpose of this estimate is to help you understand the potential costs of therapy before beginning services. The total cost of care will depend on the number and frequency of sessions, your individualized treatment plan, and any changes in service type or duration.

Standard Service Fees

Service Type	Duration	Standard Fee
Initial Intake / Diagnostic Assessment	55–60 minutes	\$145
Individual Therapy	50–55 minutes	\$145
Couples Therapy	55–60 minutes	\$145
Practitioner Under Supervision	50–55 minutes	\$65
Missed Appointment / Late Cancellation	—	Full session fee

Credit / Debit Card Processing Fee

If you choose to pay by credit or debit card, a 2.99% processing fee will be added to each transaction. Adjusted per-session totals when paying by card: • \$145 session → \$149.34 • \$65 session → \$66.94

Estimated Total Cost of Services (Licensed Therapist)

Duration	Estimated Sessions	Estimated Total
1 Month	4	\$580
3 Months	12	\$1,740
6 Months	24	\$3,480
12 Months	48	\$6,960

Additional Notes

• This Good Faith Estimate is not a contract and does not require you to receive services. • Actual costs may change if your treatment plan, session frequency, or service type changes. • If your actual billed charges are \$400 or more above this estimate, you have the right to initiate a dispute resolution process with the U.S. Department of Health and Human Services (HHS). • Learn more at: <https://www.cms.gov/nosurprises>

Questions?

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