



Grounded Mental Health
 ☎ (313) 355-2617
 📠 Fax (866) 309-9530
 info@groundedmentalhealth.com
 www.groundedmentalhealth.com

GOOD FAITH ESTIMATE: Notice of Expected Charges

Provider: Ashley McGovern, PMHNP-BC

Practice: Grounded Mental Health

Practice Address: 7192 Kalaniana'ole Hwy G-225, Honolulu, HI 96825

NPI: 1881417285

Expected Services & Estimated Charges

SERVICE	CPT CODE	DURATION	EST. COST
Initial Evaluation	90792 or 99205	75 minutes	\$300
Follow-Up	99214, 90833	30 minutes	\$175
Follow-Up	99215, 90833 or 90836	45-60 minutes	\$210-235
Therapy	90837	53-60 minutes	\$235

Important Information

This Good Faith Estimate shows the cost of services reasonably expected for your care. Actual charges may differ depending on the complexity of your care, number of sessions, and your individual treatment plan. This estimate covers a 12-month period from the anticipated start date. This estimate does not include laboratory fees, which are billed directly by the lab.

Out-of-Network Reimbursement

A superbill can be provided upon request for submission to your insurance for potential reimbursement. Reimbursement is not guaranteed and depends on your individual plan.

Your Rights Under the No Surprises Act

You have the right to receive this Good Faith Estimate in writing at least 1 business day before your scheduled service. If your final bill is \$400 or more above this estimate, you have the right to dispute the bill. For more information visit www.cms.gov/nosurprises.

Grounded Mental Health