

Good Faith Estimate

Therapist Name: Gary A. Schneider, Ph.D.

Therapist Address: 7654 Montgomery Road, Cincinnati, OH 45236

NPI Number: 1922165356

Tax ID Number: 36-2834620

Patient's Name: _____ DOB _____

Patient's Name: _____ DOB _____

Estimated Cost per 45 minute Session \$170.00.

Estimated Cost per 60 minute Session \$235.00

No Diagnostic Code is available prior to a first visit, nor is one required for continuing services, but will be available upon request once services are initiated.