



Canvas of Possibilities Psychological Services Inc.

3033 Fifth Avenue, Suite 230, San Diego, CA 92103

drkholodova@therapysecure.com ~ 619-953-7484

Notice of Your Right to a Good Faith Estimate

You have the right to receive a “Good Faith Estimate” explaining how much your medical and mental health care will cost.

Under the law, healthcare providers need to give clients who don’t have insurance or who are not using insurance an estimate of the expected charges for medical services, including psychotherapy services. You have the right to receive a Good Faith Estimate for the total expected cost of your healthcare services, including psychotherapy services.

You can ask your healthcare provider, and any other provider you choose, for a Good Faith Estimate before you schedule a service. The Good Faith Estimate shows the costs of items and services that are reasonably expected for your healthcare needs for an item or service. The estimate is based on information known at the time the estimate is created.

The Good Faith Estimate does not include any unknown or unexpected costs that may arise during the course of care. You could be charged more if special circumstances occur. In non-emergency circumstances, you will be provided with an updated Good Faith Estimate for any new expected charges.

If you are billed for more than your Good Faith Estimate, you have the right to dispute the bill under federal law. Specifically, if you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill.



Canvas of Possibilities Psychological Services Inc.

3033 Fifth Avenue, Suite 230, San Diego, CA 92103

drkholodova@therapysecure.com ~ 619-953-7484

You may contact the healthcare provider or facility listed to let them know the billed charges are higher than the Good Faith Estimate. You can ask

them to update the bill to match the Good Faith Estimate, ask to negotiate the bill, or ask if there is financial assistance available.

You may also start a dispute resolution process with the U.S. Department of Health and Human Services (HHS). If you choose to use the dispute resolution process, you must start the dispute within 120 calendar days (about 4 months) of the date of the original bill.

There is a \$25 fee to use the dispute process. If the agency reviewing your dispute agrees with you, you will have to pay the price on the Good Faith Estimate. If the agency disagrees with you and agrees with the healthcare provider or facility, you will have to pay the higher amount.

To learn more or to get a form to start the dispute resolution process, go to www.cms.gov/nosurprises or call HHS' toll free number: 1-877-696-6775.

Make sure to keep a copy of your Good Faith Estimate in a safe place or take pictures of it. You may need it if you are billed a higher amount.

For questions or more information about your right to a Good Faith Estimate or the dispute process, visit www.cms.gov/nosurprises or call HHS' toll free number: 1-877-696-6775.



Canvas of Possibilities Psychological Services Inc.

3033 Fifth Avenue, Suite 230, San Diego, CA 92103

drkholodova@therapysecure.com ~ 619-953-7484

Good Faith Estimate

Client/Patient Information

Patient Full Legal Name:	Amanda Smith
Patient Date of Birth:	
Patient Phone Number:	
Patient Email Address:	
Patient Mailing Address:	
Patient Contact Preference:	<input type="checkbox"/> By Mail <input checked="" type="checkbox"/> By Email
Patient's Healthcare Coverage Information:	Anthem Blue Cross
Does the Patient Intend to Submit a Claim for Services Rendered to their Health Insurance Provider?	NO
Primary Item or Service Requested/Scheduled:	psychotherapy

The following is a detailed list of expected charges for requested services/items and any recommended services/items. Estimated costs are valid for 12 months from the date of this good faith estimate.



Canvas of Possibilities Psychological Services Inc.

3033 Fifth Avenue, Suite 230, San Diego, CA 92103

drkholodova@therapysecure.com ~ 619-953-7484

Good Faith Estimate

Client/Patient Information

Patient Full Legal Name:	Aidan Keogh
Patient Date of Birth:	
Patient Phone Number:	
Patient Email Address:	
Patient Mailing Address:	
Patient Contact Preference:	<input type="checkbox"/> By Mail <input checked="" type="checkbox"/> By Email
Patient's Healthcare Coverage Information:	
Does the Patient Intend to Submit a Claim for Services Rendered to their Health Insurance Provider?	
Primary Item or Service Requested/Scheduled:	psychotherapy

The following is a detailed list of expected charges for requested services/items and any recommended services/items. Estimated costs are valid for 12 months from the date of this good faith estimate.



Canvas of Possibilities Psychological Services Inc.

3033 Fifth Avenue, Suite 230, San Diego, CA 92103

drkholodova@therapysecure.com ~ 619-953-7484

Description of Item or Service:	Date of Service:	Applicable Diagnostic Codes:	Expected Service Codes:	Expected Charges Associated with Item/
50-minute individual psychotherapy session	If scheduled, date the service will be provided: 1-5-2024 and biweekly thereafter until otherwise indicated. <input type="checkbox"/> Check this box if this service or item is not yet		CPT 90791 CPT 90834 CPT 90837	
Total Estimated Cost:				



Canvas of Possibilities Psychological Services Inc.

3033 Fifth Avenue, Suite 230, San Diego, CA 92103

drkholodova@therapysecure.com ~ 619-953-7484

List of items or services that the provider/facility anticipates will require separate scheduling and that are expected to occur before or after the expected period of care for the primary item or service (if applicable; may not be applicable for private practices):

5-10 minute phone calls, no charge

Overview of Fees

The fee for a 50-minute psychotherapy visit (in-person or via telehealth) is \$100. Most clients will attend one psychotherapy visit per week, but the frequency of psychotherapy visits that are appropriate in your case may be more or less than once per week, depending upon your needs. Based upon a fee of \$100 per visit, if you attend ~~two~~ psychotherapy visits per month, your estimated charge would be \$200 for 2 visits provided over the course of one month; \$400 for 4 visits over two months; or \$600 for 6 visits over three months. If you attend therapy for a longer period, your total



Canvas of Possibilities Psychological Services Inc.

3033 Fifth Avenue, Suite 230, San Diego, CA 92103

drkholodova@therapysecure.com ~ 619-953-7484

estimated charges will increase according to the number of visits and length of treatment.



Canvas of Possibilities Psychological Services Inc.

3033 Fifth Avenue, Suite 230, San Diego, CA 92103

drkholodova@therapysecure.com ~ 619-953-7484

Provider Information

Provider Name:	Alexa Douros Dr Mariya Kholodova
Provider License Number:	AD LPCC#15706 MK PSY25103
Provider Phone Number:	619 - 953 -7484
Provider Mailing Address:	3033 5TH AVE SAN DIEGO CA 92103 7855 Fay Ave, Suite 310 La Jolla, CA 92037
Facility Name:	CANVAS OF POSSIBILITIES PSYCHOLOGICAL SERVICES, INC
Facility Type:	Private practice therapy network
National Provider Identifier (NPI) Number:	AD NPI 1477172492 MK NPI 1356416663
Tax Identification Number of Provider or Facility:	88-0648626
State Where Services Are Rendered:	California



Canvas of Possibilities Psychological Services Inc.

3033 Fifth Avenue, Suite 230, San Diego, CA 92103

drkholodova@therapysecure.com ~ 619-953-7484

Facility Location Where Services are Expected to be Furnished:	3033 5TH AVE SAN DIEGO CA 92103 7855 Fay Ave, Suite 310 La Jolla, CA 92037
---	--

Disclaimers

This document represents a Good Faith Estimate. It is only an estimate and actual charges may differ (for example, if you cancel your appointment without appropriate notice, you may be charged a cancellation fee in accordance with our company policies, which will be communicated to you in advance). While it is not possible for a psychotherapist to know, in advance, how many psychotherapy sessions may be necessary or appropriate for a given person, this form provides an estimate of the cost of services provided. Your total cost of services will depend upon the number of psychotherapy sessions you attend, your individual circumstances, and the type and amount of services that are provided to you.

This Good Faith Estimate is not intended to serve as a recommendation for treatment or a prediction that you may need to attend a specified number of psychotherapy visits. The number of visits that are appropriate in your case, and the estimated cost for those services, depends on your needs and what you agree to in consultation with your therapist. You are entitled to disagree with any recommendations made to you concerning your treatment and you may discontinue treatment at any time.



Canvas of Possibilities Psychological Services Inc.

3033 Fifth Avenue, Suite 230, San Diego, CA 92103

drkholodova@therapysecure.com ~ 619-953-7484

You, the client, have the right to initiate the client-provider dispute resolution process if the actual charges substantially exceed the expected charges in this Good Faith Estimate. Charges are considered under applicable law to “substantially exceed” expected charges if they are at least \$400 or more than what is stated in your Good Faith Estimate.

You understand that additional items or services that are recommended that must be scheduled or requested separately, as described above, must be scheduled or requested accordingly. Recommended items or services will not be scheduled without your consent.

This document is not a contract. This document does not obligate the client to obtain the items or services identified herein, and it does not obligate the provider to provide these items or services. The facility retains the right to decline or discontinue services for any legitimate business purpose (including but not limited to lack of providers available after this Good Faith Estimate has been provided to the client).

You are encouraged to speak with your provider at any time about any questions you may have regarding your treatment plan, or the information provided to you in this Good Faith Estimate.

Date of Good Faith Estimate: _____

Signature: _____

Signature: _____

1-5-2024