



THERAPY & WELLNESS

GOOD FAITH ESTIMATE

Effective Date: April 2026

NOTICE TO CLIENTS REGARDING THE NO SURPRISES ACT

In accordance with Section 2799B-6 of the Public Health Service Act, Ashley Clifton Therapy & Wellness, PLLC is required to provide this Good Faith Estimate (GFE) of expected charges to individuals who are uninsured or self-pay. This estimate allows you to review the potential cost of services before receiving care. You are entitled to receive this estimate in writing at least one (1) business day before your first appointment and may request a revised estimate at any time. This GFE applies only to individuals not using insurance to pay for services.

PROVIDER OVERVIEW AND SCOPE OF SERVICES

Ashley Clifton, LAC | Arkansas License #A2506009

Clinical Supervisor: David Lengefeld, LPC-S

Ashley Clifton Therapy & Wellness, PLLC provides outpatient mental health therapy services exclusively via secure, HIPAA-compliant telehealth platforms to adults (18+) and adolescents (13+). The approach is trauma-informed, person-centered, body-aware, relationally grounded, and socially conscious.

Services may include individual counseling and psychotherapy, diagnostic impressions and treatment planning, coordination of care with other providers, and case management and resource support.

SESSION RATES AND FEES

Sessions are available in three lengths to accommodate the unique needs and goals of each client. The following rates reflect full-rate, self-pay pricing. Clients utilizing sliding scale pricing should refer to the Sliding Scale Options section below for applicable rates.

- Standard Session (60 minutes): \$175
- Extended Session (90 minutes): \$263
- Intensive Session (120 minutes): \$350
- Initial Intake Session (60 minutes): \$175
- Late Cancellation or No-Show (less than 24 hours' notice): 100% of the full session fee
- Documentation Requests (letters, forms, summaries): \$175/hour, prorated in 15-minute increments; \$50 rush fee for requests requiring completion within five business days or less

Payment is processed via AutoPay on the evening of the business day services are rendered. A valid card on file is required at all times.

SLIDING SCALE AND ACCESSIBILITY OPTIONS

Sliding scale pricing is available to all clients for individual therapy. Clients select the rate that most honestly and sustainably reflects their current financial access. No proof of income is required. Sliding scale rates are reviewed every three months. If

approved for a sliding scale rate, that agreement overrides the standard rates listed here.

TIER	60-minute • Standard	90-minute • Extended	120-minute • Intensive
TIER 1	\$100	\$150	\$200
TIER 2	\$125	\$187	\$250
TIER 3	\$150	\$225	\$300
TIER 4	\$175	\$263	\$350

All extended and intensive session rates are pro-rated from the client's selected 60-minute tier rate. Additional time may also be added to any session in 15-minute increments, billed at the same pro-rated rate.

ESTIMATED COST EXAMPLE

(Individual therapy, standard 55 – 60 minute sessions at full rate, assuming weekly frequency)

INDIVIDUAL THERAPY

SCENARIO	SESSIONS	RATE	ESTIMATED TOTAL
Short-Term (3 months)	12 sessions	\$175	\$2100
Medium-Term (6 months)	24 sessions	\$175	\$4200
Long-Term (12 months)	48 sessions	\$175	\$8400

Estimates do not include documentation requests, provider coordination, or extended sessions.

ESTIMATE VALIDITY AND UPDATES

This estimate is valid for 12 months from the date of electronic signature, or until a significant change in your treatment plan or services occurs. You may request an updated estimate at any time. If fees change, you will be notified in writing at least 30 days in advance. This Good Faith Estimate is not a contract and does not guarantee the total or final cost of services.

YOUR RIGHTS AND PROTECTIONS UNDER THE NO SURPRISES ACT

You have the right to receive this estimate before services begin, request an updated estimate at any time, and decline or discontinue services at any time. If you receive a bill at least \$400 more than this estimate without prior written approval, you

have the right to dispute the charges by contacting the U.S. Department of Health & Human Services at 1-800-985-3059 or www.cms.gov/nosurprises within 120 calendar days of receiving the bill.

ETHICAL AND LEGAL STANDARDS

This practice adheres to the standards of the Arkansas Board of Examiners in Counseling (ARBOEC), the ACA Code of Ethics, HIPAA, and the No Surprises Act.

LANGUAGE AND ACCESSIBILITY

If you need this document in another language or alternate format, please contact Ashley Clifton Therapy & Wellness, PLLC and reasonable accommodations will be made.

CLIENT ACKNOWLEDGEMENT

By digitally signing this document, I confirm that I have received and reviewed this Good Faith Estimate, understand that it is not a contract and does not guarantee total cost of services, and acknowledge that actual charges may vary. I understand that I may request an updated estimate at any time, and that my electronic signature is legally binding under federal and Arkansas state law and serves as the official date of issuance.