

## GOOD FAITH ESTIMATE 2026

**Provider Name:** Gina M. Garbell, Psy.D.

**License #:** PSY 18909

**Provider Address:** 3434 Truxtun Ave. #245, Bakersfield, CA 93301

**Provider Phone #:** (661) 631-0528

**Provider Tax ID #:** 26-3640822

### Services Provided:

**Initial intake assessment appointment** (60 min.): \$200

**Individual Therapy Session** (55 Minutes): \$150

**Couples/Family Therapy Session** (55 minutes): \$165

You are entitled to receive this “Good Faith Estimate” of what the charges could be for psychotherapy services provided to you. While it is not possible for a psychologist 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.

The estimates of cost reflected in this document apply to patients who are paying cash for therapy session, and may also apply to those who have medical insurance and the insurance company does not reimburse for services provided, for example if the insurance benefits are no longer active. There may be additional items or services I may recommend as part of your care that must be scheduled or requested separately and are not reflected in this good faith estimate. This estimate is not a contract and does not obligate you to obtain any services from the provider listed, nor does it include any services rendered to you that are not identified here.

You have the right to initiate a dispute resolution process if the actual amount charged to you substantially exceeds the estimated charges stated in your Good Faith Estimate (which means \$400 or more beyond the estimated charges).

For questions or more information about your right to a Good Faith Estimate or the dispute process, visit <https://www.cms.gov/nosurprises/consumers> or call 1- 800-985-3059. The initiation of the patient-provider dispute resolution process will not adversely affect the quality of the services furnished to you.

At the start of therapy, there is always one 60-minute Initial Intake Appointment which costs \$200 (in-person or via telehealth). The fee for a 55-minute Individual Therapy Session (in person or via telehealth) is \$150. The fee for a 55-minute Couples/Family Therapy Session (in person or via telehealth) is \$165. Many clients will attend one psychotherapy session 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 on a fee of \$150 per individual session, and \$165 per couples/family session, the following are expected charges of psychotherapy services (also include the one-time fee of \$200 for the Initial Intake Appointment):

Number of Weeks	Total Estimated Charges for 1 Individual Therapy Session Per Week	Total Estimated Charges for 1 Couples/Family Session Per Week
1 Week of Service	\$150	\$165
13 Weeks of Service	\$1,950	\$2,145
26 Weeks of Service	\$3,900	\$4,290
39 Weeks of Service	\$5,850	\$6,435
52 Weeks of Service	\$7,800	\$8,580

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