



Good Faith Estimate

Sex Offender Treatment Program

The Sex Offender Treatment Program is an intensive outpatient community based treatment program. This program is designed and individualized for the treatment of both the Adult and Juvenile population. This program is designed for the offender who recognizes and takes responsibility for their own behavior and is willing and able to live within the limits placed upon them by this treatment program, the judicial system, and society. Examples of offending behaviors include child molestation; voyeurism; exhibitionism; frotteurism; public masturbation or lewd acts; rape and sexual assault; child pornography; obscene phone calls/letters; violations of professional boundaries; sexual harassment.

Estimate of Cost

Individual Counseling Session \$100

Group Therapy \$75

The fee for a 50-minute counseling session (in-person or via telehealth) is \$100. Most clients will attend one individual counseling session biweekly, but the frequency of counseling sessions that are appropriate in your case may be more or less than once biweekly, depending upon your needs. The fee for a group therapy (in-person or via telehealth) is \$75. Most clients will attend group therapy session biweekly.

The SOTP is based on a **minimum** of 3 months. Based upon a fee of \$100 per session, if you attend one session biweekly, your estimated charge would be \$600 for six sessions provided over the course of three months. Based upon a fee of \$75 per group session, if you attend one group session biweekly, your estimated charge would be \$450 for six group sessions provided over the course of three months. The estimated cost for 3 **minimum** months is \$1,050, the total estimated charges will increase according to the number of sessions and length of treatment.

There may be assessments or services that may be recommend as part of your care (Abel Assessment \$450) 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(s) listed, nor does it include any services rendered to you that are not identified here.

Payment for services (individual sessions and groups therapy) must be paid in full at the time the services are rendered, Bevill and Associates dose not bill for prior services.

Disclaimer

This Good Faith Estimate shows the costs of items and services that are reasonably expected for your treatment needs for an item or service. The estimate is based on information known at the time the estimate was created.

The Good Faith Estimate does not include any unknown or unexpected costs that may arise during treatment. You could be charged more if complications or special circumstances occur. If this happens, federal law allows you to dispute (appeal) the bill. If you are billed for more than this Good Faith Estimate, you have the right to dispute the bill. You may contact the health care 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 process within 120 calendar days (about 4 months) of the date on 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 this Good Faith Estimate. If the agency disagrees with you and agrees with the health care provider or facility, you will have to pay the higher amount.