

**Good Faith Estimate for Health Care Items and Services:**

Shores of Hope, LLC (Tricia Stehle, LMSW)

NPI# 1497848576

Tax ID# 814117866

Address where services are to be rendered: Indicate one or both:

( ) Face to face: 22811 Greater Mack #200, Saint Clair Shores, Michigan, 48080

( ) Telehealth services

Patient First Name

Middle Name

Last Name

Patient Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Patient Mailing Address, Phone Number, and Email Address

Street or PO Box

Apartment

City

State

ZIP Code

Phone

Email Address

Patient's Contact Preference:

By mail

By email

Patient Diagnosis (\*\*\*) Please note: if this is newly initiated therapy, this may be tentative):

Psychotherapy/Counseling Services Provided: (Indicate Weekly, Bi weekly, Monthly, etc):

Patient Primary Diagnosis

Primary Diagnosis Code

Patient Secondary Diagnosis

Secondary Diagnosis Code

If scheduled, list the date therapy will initially be provided:

Check this box if this service is not yet scheduled

Date of Good Faith Estimate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Summary of Expected Charges (\*\*\*) Please note: the actual amount may differ than the estimated amount):

Shores of Hope, LLC  
(Tricia Stehle, LMSW)

Estimated Total Cost:

Per Week:

Per Month:

Per Calendar Year: