

## Good Faith Estimate

### Practice Information:

- **Practice Name:** SG Integrative Psychiatry and Wellness
- **Providers:** Nkem 'Nk' Nkwonta, PMHNP-BC and other clinicians at SG Integrative Psychiatry and Wellness
- **Address:** 100 N Howard Street, Suite W, Spokane WA 99201
- **Contact Information:** info@sgipw.org

### Patient Information:

- **Patient Name:** [Patient's Name]
- **Date of Estimate:** [Date]

### Services and Costs:

#### 1. Initial Psychiatric Evaluation:

- **Description:** Comprehensive assessment including medical history, mental health history, and treatment planning.
- **Duration:** 60-90 minutes
- **Estimated Cost:** \$250 - \$300

#### 2. Follow-Up Psychiatric Medication Management:

- **Description:** Ongoing evaluation and management of psychiatric medications.
- **Duration:** 20-30 minutes
- **Estimated Cost:** \$155- \$199



### 3 . Psychotherapy Sessions:

- **Description:** Individual therapy sessions focused on mental health issues such as depression, anxiety, PTSD, etc.
- **Duration:** 60 minutes
- **Estimated Cost:** \$120 - \$200 per session

### 4. ADHD Evaluation and Management:

- **Description:** Comprehensive evaluation and ongoing management of ADHD symptoms.
- **Duration:** Varies
- **Estimated Cost:** \$200 - \$300
- CNS VS testing for ADHD evaluation: \$50

### 5. Telehealth Sessions:

- **Description:** Virtual therapy or medication management sessions.
- **Duration:** 30-50 minutes
- **Estimated Cost:** \$155 - \$200

### 6. Group Therapy:

- **Description:** Group sessions focused on specific mental health issues (e.g., grief, trauma).
- **Duration:** 60-90 minutes
- **Estimated Cost:** \$80 - \$170 per session



### **Additional Costs:**

- **Lab Work:** Costs for any required lab tests will be billed separately by the lab provider.
- **Missed Appointments:** A fee of \$60 may be charged for missed appointments without 24-hour notice.

### **Payment Information:**

- Payment is due at the time of service unless other arrangements have been made.
- We accept cash, checks, credit/debit cards, and HSA/FSA cards.
- **Insurance:** Please check with your insurance provider regarding coverage for mental health services. Out-of-pocket costs may vary depending on your insurance plan.

**Disclaimer:** This Good Faith Estimate shows the costs of items and services that are reasonably expected for your care based on information known at the time of the estimate. The actual items, services, or charges may differ depending on your needs at the time the services are provided.

For more information or if you have questions, please contact our office at 844-744-7944 or [info@sgipw.org](mailto:info@sgipw.org)

