ESTIMATE

[Your Business Name]
[Street address]
[City, State ZIP]
[email@yourbusiness.com]
[(555) 555-0123]

PREPARED FOR

[Client Name]
[Street address]
[City, State ZIP]
[client@email.com]
Client DOB: [Date of birth]
Diagnosis code: [ICD-10, if known]

Estimate number:	GFE-0001
Date:	10/27/2026
Valid until:	10/27/2027
NPI:	[NPI number]

SERVICE	UNIT PRICE	QUANTITY	AMOUNT
Psychiatric diagnostic evaluation CPT 90791	$200.00	1	**$200.00**
Psychotherapy, 53+ minutes CPT 90837, estimated weekly	$160.00	40	**$6,400.00**

NOTES/MEMO

Estimate for 12 months. You can dispute a bill $400 or more above this estimate. Not a contract; you may stop therapy at any time.

Subtotal:	$6,600.00
Estimated total:	**$6,600.00**

This is an estimate. The final amount may differ.