



## Therapeutic Time Inc.

### Psychological Associate Fee Schedule

Sarah Barajas, MA, Psychological Associate PSB 94027905

Liliana Chavez Weichold, MA, Psychological Associate PSB 94027514

Dr. Trisha Rich-Thurm, PsyD Licensed as a Clinical Psychologist PSY 24976,

Marriage & Family Therapist MFC 42603, & National Certified Counselor NCC 264935

[drtrishpsyd@tsecuremail.com](mailto:drtrishpsyd@tsecuremail.com) Phone (661) 714-2028 Address 44349 Lowtree Ave Suite 101 Lancaster CA 93534

**Liliana Weichold, MA,**  
**Psychological Associate**  
**PA# PBS 94027514**  
**Exp. Date 05/02/2024**

**Sarah Barajas, MA,**  
**Psychological Associate**  
**PA# PSB 94027905**  
**Exp. Date 09/27/2024**

**All services are currently being offered via telehealth or in person.**  
**Ages 5 years of age+**

#### **Cancellation & Rescheduling**

**Cancellations/Reschedule requires 24 hours in advance notice to not be charged for the session. A No Show or Late Cancellation will result in the loss of a pre-paid session, or the session fee will be charged for the missed session.**

#### **A “Good Faith Estimate”**

**You have the right to receive a “Good Faith Estimate” explaining how much your medical care will cost.** Under the law, healthcare providers need to give **patients who do not have insurance or who are not using insurance** an estimate of the bill for medical items and services.

- You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services. This includes related costs like medical tests, prescription drugs, equipment, and hospital fees.
- Make sure your healthcare provider gives you a Good Faith Estimate in writing at least 1 business day before your medical service or item. You can also ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule an item or service.
- If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill.
- Make sure to save a copy or picture of your Good Faith Estimate.

For questions or more information about your right to a Good Faith Estimate, visit <http://www.cms.gov/nosurprises> or call 800-368-1019. [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) for more information about your rights under federal law.

## See Fees Below

**Bundle Sessions:**

Description	Price
Individual Sessions, 45 minutes	\$260 for 4 sessions (comes to \$65 per session, to be scheduled as needed)
Couples and Family Sessions, 45 minutes	\$320 for 4 sessions (comes to \$80 per session, to be scheduled as needed)
Group Participant 60 minutes	\$80 for 4 sessions (comes to \$20 per session to be attended in succession)

**NO Bundle Sessions:**

Description	Price
Individual Sessions, 45 minutes	\$85 per session
Couples and Family Sessions, 45 minutes	\$100 per session
Group Participant 60 minutes	\$25 per session

Date: \_\_\_\_\_

Signature [of patient, parent, or guardian]: \_\_\_\_\_