

Effective Date: October 2025

Provider: Jessica Paris, M.A., M.B.A, LPC-Associate (Supervised by Christia Rodgers, LPC-S)

Practice Name: Solura Therapy & Consulting

Address: 1944 Bedford Road Suite 100-B Bedford Texas 76021

Phone: 972-941-4546

Email: hell@soluratherapy.com

Website: <https://www.soluratherapy.com/>

Purpose of the Estimate

This Good Faith Estimate (GFE) provides an overview of the expected costs for therapy services for clients who are self-pay or not using insurance. The estimate reflects typical session frequency and rates, though the total cost will vary based on your individual treatment goals, progress, and duration of therapy.

Service Fees

Service CPT Code Duration Rate

Intake/Initial Assessment | 90791 | 60-75 minutes | \$140

Individual Therapy | 90837 | 55-60 minutes | \$140

Family or Couples Therapy | 90847 | 55-60 minutes | \$170

Extended Session | 90837 + modifier | 90 minutes | \$180

Group Therapy (if applicable) | 90853 | 60 minutes | \$60 per person

No-Show / Late Cancellation Fee | — | — | \$60

Sliding Scale (Non-Open Path Clients)

Solura Therapy offers a limited number of sliding scale spots based on financial need:

- \$100–\$130 for individual sessions
 - \$130–\$150 for couples/family sessions
- Documentation or income verification may be requested.

Open Path Clients

For members of Open Path Collective:

- Individual sessions: \$40–\$70 (based on income and availability)

Frequency and Duration of Services

The frequency of sessions varies based on your therapeutic needs and goals. Most clients begin with weekly or biweekly sessions and may transition to less frequent sessions as progress is made.

Estimated duration of therapy: 3–12 months.

Total estimated range: \$560–\$7,000, depending on frequency, treatment length, and the client's financial considerations or budget preferences.

Important Information

- This is **only an estimate** and not a binding contract.
- The actual number of sessions may vary.
- Additional services (letters, reports, extended sessions, etc.) may incur extra costs.

- You have the right to dispute any charges that substantially exceed this estimate under the **No Surprises Act**.

Dispute Resolution Notice

If the billed charges exceed this Good Faith Estimate by \$400 or more, you have the right to initiate a dispute resolution process.

For more information, visit <https://www.cms.gov/nosurprises> or call 1-800-985-3059.

Signature

Date

Signature

Date