



SOUL SPA SEATTLE

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December 1, 2024

Dear beloved Soul Spa Seattle Clients:

This note is my annual letter to inform you of the fee changes beginning January 1, 2025 to reflect a cost of living increase, as well as recognizing the extensive and specialized experience I offer. If the fee is a hardship for you, please speak with me about it and we will work something out. If you are already on a sliding scale, it is time to revisit and update your circumstances. All new clients will be charged the new rates, so if you want to refer someone, please keep this in mind. The new rates are already up on the website.

The new fee schedule is comparatively average with other therapists and consultants in the Seattle area with similar experience and will hopefully remain affordable and accessible for you and future clients. You may always request a superbill that you can submit to your insurance for an out-of-network provider. Please note that if you have a negotiated fee, you cannot submit a superbill to insurance. Fees may be paid by Square (via my phone app), Check (mailed or in-person), or Cash (in-person only).

I also rebranded (see logo above) and finally set up a Soul Spa Seattle account for Instagram! Please follow me for my irregular updates, especially about the Hildegard von Bingen book.

Instagram: [@soulspaseattle](https://www.instagram.com/soulspaseattle)

Facebook: <https://www.facebook.com/soulspaseattle/>

Additionally, I am migrating to a new platform from Simple Practice called Sessions Health. You will receive follow-up information from them via email.

New Fee Schedule and Soul Spa Seattle, LLC Offerings (beginning 1/1/2025)

Therapy

Individual psychotherapy 60 min. \$205 (I have openings for two new full fee clients right now. Sliding scale is currently full.)

Couples Therapy 60 min. \$225

Couples Therapy 75 min. \$275

NOTE For those of you receiving individual or couples therapy, there is an amended table of your Good Faith Estimate attached to this letter.

Spiritual Direction/Clergy Support

Please note that you are able to be billed with an invoice through Square for your faith community to pay the fee or you may turn in receipts for them to reimburse you.

Spiritual Direction 60 min. \$125

Discernment Consultation (for discernment and transitions) 60 min. \$205

Pre-Marital

Pre-Marital Couples Package \$1850/5 sessions, 10 hrs

WALK IN LOVE: A Marriage Prep Workshop for Busy People \$475/5 hrs, held throughout the year (Zoom). Upcoming dates:

March 1, 2025

June 7, 2025

September 6, 2025

November 22, 2025

Clergy, Ordinands, and Faith Community Support

Clergy Care Circles (interdenominational small groups): **\$350/season**—4/5 mtgs, 2 hrs/mtg (Zoom)

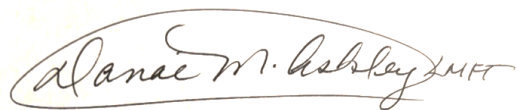
Partnership for Renewal: Facilitating New Ways of Being Church – Perfect for Vestry or other leadership retreats! Please see their website for further information on how to hire me as your facilitator:

<https://www.partnershipforrenewal.com/>

I will continue to use Zoom as our HIPAA compliant platform for telehealth sessions. Thursday and Sunday meetings continue to have the option of being in-person or on Zoom. I will be continuing telehealth only on some Tuesdays, Wednesdays, and all Fridays for the foreseeable future.

Please let me know if you have any questions. I am so very grateful for you and our work together!

Warmly,

A handwritten signature in cursive script that reads "Danae M. Ashley LMFT". The signature is written in black ink and is enclosed within a thin, light-colored oval border.

Danae Ashley, M.Div., MA, LMFT

Enclosure

2025 GOOD FAITH ESTIMATE

Provider Name: Danáe M. Ashley	License #: LF 61003278
Provider Address: 20126 Ballinger Way NE, #253, Shoreline, WA 98155	
Provider Phone #: (425) 248-9224	
Provider Tax ID#: 47-5300908	Provider NPI #: 1609247204

You are entitled to receive this “Good Faith Estimate” of what the charges could be for psychotherapy services provided to you. While it is not possible for a psychotherapist to know, in advance, how many psychotherapy sessions may be necessary or appropriate for a given person, this form provides an estimate of the cost of services provided. Your total cost of services will depend upon the number of psychotherapy sessions you attend, your individual circumstances, and the type and amount of services that are provided to you. This estimate is not a contract and does not obligate you to obtain any services from the provider(s) listed, nor does it include any services rendered to you that are not identified here. This reflects a private pay fee scale and not utilizing your insurance benefits.

This Good Faith Estimate is not intended to serve as a recommendation for treatment or a prediction that you may need to attend a specified number of psychotherapy visits. The number of visits that are appropriate in your case, and the estimated cost for those services, depends on your needs and what you agree to in consultation with your therapist. You are entitled to disagree with any recommendations made to you concerning your treatment and you may discontinue treatment at any time.

The fee for a 60-minute psychotherapy visit (in person or via telehealth) is \$195 individual/\$210 couples. The fee for a 75-minute psychotherapy visit (in person or via telehealth) for couples is \$265. Most clients will attend one psychotherapy visit per week, but the frequency of psychotherapy visits that are appropriate in your case may be more or less than once per week, depending upon your needs. Based on a fee of \$195, \$210, or \$265 per visit, the following are expected charges of psychotherapy services:

Please see next page

Number of Weeks	Total estimated charges for 1 session per week	Total estimated charges for 1 session per month
1 Week of Service	\$205 individual/ \$225 couples/ \$275 75-min couples	\$205 individual/\$225 couples/ \$275 75-min couples
13 Weeks of Service (Approx. 3 Months)	\$2665/\$2925/\$3575	\$615/\$675/\$825
26 Weeks of Service (Approx. 6 months)	\$5330/\$5850/\$7150	\$1230/\$1350/\$1650
39 Weeks of Service (Approx. 9 months)	\$7995/\$8775/\$10725	\$1845/\$2025/\$2475
52 Weeks of Service (Approx. 12 Months)	\$10,660/\$11,700/\$14,300	\$2460/\$2700/\$3300

You have a right to initiate a dispute resolution process if the actual amount charged to you substantially exceeds the estimated charges stated in your Good Faith Estimate (which means \$400 or more beyond the estimated charges). Please print out, take a picture, or save this form for your records.

You are encouraged to speak with your provider at any time about any questions you may have regarding your treatment plan, or the information provided to you in this Good Faith Estimate.

Date of this Estimate _____ December 1, 2024 _____

Signature of Client or Electronic acknowledgment via email or verbal consent

Signature of Therapist

