

Good Faith Estimate Relationship Institute

Effective January 1, 2022, a ruling went into effect called the “No Surprises Act” which requires practitioners to provide a “Good Faith Estimate” about out-of-network care.

The Good Faith Estimate works to show the cost of items and services that are reasonably expected for your health care needs for an item or service, a diagnosis, and a reason for therapy. The estimate is based on information known at the time the estimate was created. The Good Faith Estimate does not include any unknown or unexpected costs that may arise during treatment.

You could be charged more if complications or special circumstances occur and will be provided a new Good Faith Estimate should this occur. If this happens, federal law allows you to dispute (appeal) the bill if you and your provider have not previously talked about the change and you have not been given an updated good faith estimate.

Under Section 2799B-6 of the Public Health Service Act (PHSA), health care providers and health care facilities are required to inform individuals who are not enrolled in an insurance plan, have insurance coverage, enrolled in a Federal health care program, or not seeking to file a claim with their plan or coverage both orally and in writing of their ability, upon request, or at the time of scheduling health care items and services to receive a Good Faith Estimate of expected charges.

Note: The PHSA and GFE does not currently apply to any clients who are using insurance benefits, including “out of network benefits” (i.e., submitting superbills to insurance for reimbursement).

Timeline requirements: “Practitioners are required to provide a good faith estimate of expected charges for a scheduled or requested service, including items or services that are reasonably expected to be provided in conjunction with such scheduled or requested item or service.”

That estimate must be provided with the Intake paperwork, before the first scheduled appointment.

See below for details about my psychotherapy practice in general, as well as specific information for you.

Common Services Provided

- 90791: Initial therapy intake
- 90834: 50-minute Individual psychotherapy session

Where Services will be Received

- Online, via telehealth
- In office

We recognize that every person’s journey is unique. How long and how often you need to engage in therapy can be influenced by several factors:

- Your schedule and life circumstances
- Therapist availability
- Ongoing life challenges
- The nature of your specific challenges and how you address them
- Personal finances

You and your therapist are always able to assess the appropriate frequency of therapy at any point in our work together. A new Good Faith Estimate will be issued upon request should your frequency or needs change. You are also able to end therapy at any point, whenever you wish.

Client Diagnosis

All health care diagnoses have a specific code. Any formal diagnosis cannot be made until an assessment is complete. Not all people seeking psychotherapy services warrant a diagnosis since there are many reasons one might choose to engage in therapy. It is within your rights to decline a diagnosis. If you choose to decline a formal diagnosis, I will not update this Good Faith Estimate.

The Good Faith Estimate form requires a diagnostic code by law. The diagnostic code listed below is for the purpose of providing a Good Faith Estimate only, to satisfy the federal requirement for this form. It in no way reflects medical necessity or an official diagnosis.

The fee per session is not determined or affected by any diagnosis or lack thereof.

Your Client Information

Client Full Name:

Date of Birth:

Address:

Phone:

Primary Service Requested: 90834

Primary Diagnostic Code:

If scheduled, list the date the Primary Service will be provided:

Good Faith Estimate

Below, you will see an estimated cost of receiving therapy if you meet with your therapist from the date of the Good Faith Estimate. The information provided in this Good Faith Estimate is not a contract and is only an estimate of items or services reasonably expected to be furnished at the time the Good Faith Estimate is created and actual charges may differ.

Not all clients will meet with their therapist weekly, and as such, your therapist will discuss your specific needs and desires. Additionally, this estimate does not include:

- Vacations (yours or your therapist)
- Canceled and/or rescheduled sessions (e.g., illness, unplanned events, holidays, or any other reason), including any late cancellation and/or no show fees per our office policy
- Any change from a once-weekly session format (e.g., reducing or increasing session frequency, emergency sessions, etc.)
- Any agreed-upon sliding fee rates
- Any changes to regular fees

On average our clients attend therapy for fifteen to twenty sessions per year. Your usage may be lower or greater than this. Our average fee for private pay sessions is \$150/session, with some fees as high as \$200/session. This amount is for full charge out-of-pocket expense and does not take into account what

any insurance plan might reimburse you for out-of-network coverage. Here is the Good Faith Estimates of these fees based pm average sessions per year:

- (90791+) 90834: \$150/session x 15 = \$2250.00
- (90791+) 90834: \$200/session x 20 = \$4000.00

For clients who attend weekly for most weeks in a year (which is rare), here is the Good Faith Estimate:

- (90791+) 90834: \$150/session x 48 = \$7200.00
- (90791+) 90834: \$200/session x 48 = \$9600.00

You have the right to continue, pause, or end therapy at any time. This Good Faith Estimate does not obligate or require you to obtain any listed services listed.

Signature of receipt and acknowledgement: _____

Date: _____

Disclaimer

This Good Faith Estimate shows the costs of items and services that are reasonably expected for your health care needs for an item or service. The estimate is based on information known at the time the estimate was created.

The Good Faith Estimate does not include any unknown or unexpected costs that may arise during treatment. You could be charged more if complications or special circumstances occur. If this happens, federal law allows you to dispute (appeal) the bill.

If you are billed for at least \$400 more than this Good Faith Estimate, you have the right to dispute the bill.

You may contact us to let us know the billed charges are higher than the Good Faith Estimate. You can ask us to update the bill to match the Good Faith Estimate, ask to negotiate the bill, or ask if there is financial assistance available.

You may also start a dispute resolution process with the U.S. Department of Health and Human Services (HHS). If you choose to use the dispute resolution process, you must start the dispute process within 120 calendar days (about 4 months) of the date on the original bill.

To learn more and get a form to start the process, go to www.cms.gov/nosurprises or call HHS at (800) 368-1019.

For questions or more information about your right to a Good Faith Estimate or the dispute process, visit www.cms.gov/nosurprises or call (800) 368-1019.