

Good Faith Estimate

Effective January 1, 2022, a ruling went into effect called the “No Surprises Act,” which requires mental health practitioners to provide a “Good Faith Estimate” (GFE) about out-of-network care to any patient who is uninsured or who is insured but does not plan to use their insurance benefits to pay for health care items and/or services. The Good Faith Estimate shows the cost of items and services that are reasonably expected for your mental 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. Actual items, services, or charges may differ from this Good Faith Estimate as treatment progresses.

The fee for an initial intake is \$250. The fee for a 50-minute psychotherapy session (including telehealth) is \$200. 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 individual needs and preference. You may project any potential future cost(s) of **psychotherapy** by multiplying the session fee of \$200 an hour by the total number of sessions. Actual number of sessions in a given period of time will likely be lower due to vacation, illness, holidays, etc. If you attend therapy for a longer period, your total estimated charges will increase according to the number of visits and length of treatment.

- \$200 x 4 sessions (1 session/week for 1 month, no skipped weeks) = \$800
- \$200 x 13 sessions (1 session/week for 3 months, no skipped weeks) = \$2,600
- \$200 x 26 sessions (1 session/week for 6 months, no skipped weeks) = \$5,200
- \$200 x 52 sessions (1 session/week for 1 year, no skipped weeks) = \$10,400

Here is a chart of typical fees for services the practice provides that will be in effect for 2024.

Fees	Estimated fees based on time, frequency, and services rendered	Likely billing code, if you choose to seek insurance reimbursement
Initial Intake Fee (75 minutes)	\$250	90791
Psychotherapy (50 minutes)	\$200	90834 (38-52 min) or 90837 (53+ min)
Parent Consultation (50 minutes)	\$200	90846
Cancellation Fee (24 Hour Notice Required)	\$200	n/a
Psychological assessment	\$200 per hour, billed in 15-minute increments	96130, 96131
Report and letter writing	\$200 per hour, billed in 15-minute increments	n/a
Consultation with Other Providers (e.g., doctors, lawyers)	\$200 per hour, billed in 15-minute increments	n/a
Crisis Communication (between sessions)	\$200 per hour, billed in 15-minute increments	n/a
Court related work (e.g., sharing records, writing a letter, testifying)	\$200 per hour, billed in 15-minute increments	n/a

A typical **psychological assessment** may involve:

	Low estimate		High estimate	
	Hours	Fees	Hours	Fees
Interview (parent, child)	1	\$200	2.5	\$500
Parent-child observation and reflection	.75	\$150	2	\$400
Review and scoring of measures, records review, report writing	3	\$600	10	\$2000
School observation or phone consultation with other providers (teachers, daycare providers, current therapist)	0	\$0	4	\$800
Feedback session	.75	\$150	1.5	\$300
Total	5.5	\$1100	20	\$4000

You and Dr. Julian will continually assess the appropriate frequency of therapy and will work together to determine when you have met your goals and are ready for discharge. As related, you may request a new GFE at any time in writing during your treatment.

You are encouraged to speak with Dr. Julian at any time about any questions you may have regarding your treatment plan, or the information provided to you in this Good Faith Estimate. You may contact Dr. Julian to let her know the billed charges are higher than the Good Faith Estimate. 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.

If you dispute your bill, Dr. Julian cannot move the bill for the disputed item or service into collection or threaten to do so, or if the bill has already moved into collection, the provider or facility has to cease collection efforts. Dr. Julian must also suspend the accrual of any late fees on unpaid bill amounts until after the dispute resolution process has concluded. Dr Julian cannot take or threaten to take any retributive action against you for disputing your bill.

There is a \$25 fee to use the dispute process. If the Selected Dispute Resolution (SDR) entity reviewing your dispute agrees with you, you will have to pay the price on this Good Faith Estimate, reduced by the \$25 fee. If the SDR entity disagrees with you and agrees with the health care provider or facility, you are required to pay the higher amount.

To learn more and get a form to start the process, go to www.cms.gov/nosurprises/consumers or call 1-800-985-3059. For questions or more information about your right to a Good Faith Estimate or the dispute process:

- Visit www.cms.gov/nosurprises/consumers
- Email FederalPPDRQuestions@cms.hhs.gov
- Call 1-800-985-3059.

IMPORTANT: Keep a copy of this Good Faith Estimate in a safe place or take pictures of it. You may need it if you are billed a higher amount.