Community Health Partners℠
PHYSICIAN HOSPITAL ORGANIZATION

Good Faith Estimate/GFE

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 insured but does not plan to use their insurance benefits to pay for health care *items* and/ or services.

The Good Faith Estimate works to show the cost of *items* and services that are reasonable 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.

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 upon the initiation of psychotherapy, 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.

Good Faith Estimate

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 one-time fee for an initial diagnostic assessment is **$125 (CPT Code 90791)**.

Beyond this, the fee for a traditional **60-minute psychotherapy session** (in-person or via telehealth) is **$100 (CPT Code 90837)**. 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) by multiplying the session fee of **$100** by the total number of sessions. This will result in your total estimated cost for mental health service(s).

An example, $100 session fee X 4 sessions =$400.

If you attend therapy for a longer period, your total estimated charges will increase according to the number of visits and length of treatment.

The Emotional Wellness Department recognizes every client's therapy journey is unique. How long you need to engage in therapy and how often you attend sessions will be influenced by many factors including:

- 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 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 and/ or a new "Good Faith Estimate" will be issued should the frequency of session(s) or needs change. As related, you may request a new GFE at any time in writing during your treatment.

Good Faith Estimate 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. Your provider may recommend additional services that are not reflected in this Good Faith Estimate.

The Good Faith Estimate is only an estimate—actual items/ service charges may differ. The Good Faith Estimate does not include any unknown or unanticipated costs that may arise and are not reasonably expected during treatment due to unforeseen events. You could be charged more if complications or special circumstances occur. Other potential items and/ or services associated with therapy charges may include but is not limited to no show/ late cancellation fee(s), record request(s), letter writing(s), legal fee(s)/ court attendance(s), professional collaboration(s), and in-between session supports). These potential items / services and associated fee(s) are discussed further within the Informed Consent documentation and should these items / services be initiated a new Good Faith Estimate will be provided. The Good Faith Estimate does not obligate the client to obtain listed items or services.

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).

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.

For questions or more information related to the Good Faith Estimate, visit www.cms.go/nosurprises or call (800) 368-1019. Keep a copy of this Good Faith Estimate in a safe place.

With my signature for this Good Faith Estimate, I acknowledge that I am not obligated or required to obtain any of the listed services from this provider and that I am consenting of my own free will, free from coercion or pressure. I also understand that:

- I am giving up some consumer billing protections under federal law.
- I agree to pay for out-of-network care provided by Community Health Partners, Emotional Wellness.
- I may get a bill for the full charges for these items and services or must pay out-of-network cost-sharing under my health plan.
- I was given notice explaining that my provider and/or practice is not in my health plan's network, the estimated costs of services, and what I may owe if I agree to be treated by this provider and/ or practice.
- I have received notice both verbally and written/electronically.
- I fully and completely understand that some or all amounts that I pay may not count towards my health plan's deductible, co-pay, co-insurance, or out-of pocket limit.
- I can end this agreement by notifying the provider and/ practice in writing before receiving items and/ or services.

IMPORTANT: You are not required to sign this form; however, if you do not sign, the provider and/ or practice may not treat you. You have the right to choose to get care from a provider and/or practice that is within your health plan's network.

Print Name Signature Date

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Item & Service Fees

Description	Qty	Price	Total
90791 Initial Diagnostic Evaluation		$125	$125
90832 Psychotherapy Session (30 min)		$50	$50
90834 Psychotherapy Session (45 min)		$75	$75
90837 Psychotherapy Session (60 min)		$100	$100
No Show/Late Cancellation		$50	$50

The below items/ services are billed at a pro-rated amount of 15-minute increments of $150 per hour (e.g.. 15-minutes = $37.50)

Administrative Tasks
In-Between Session Support
Professional Collaboration Letter Writing
Couples/Family Sessions
Crisis/ Risk Mitigation (90839 / +90840)
Pro-Longed Session Time (90833, 99354, 99355) Telephone Assessment and Management (98966-98968) Online Digital Evaluation and Management (90970-98972)

Other Professional Item/ Service Fee(s)

Legal Fee(s) / Court Attendance: See Legal Fees Form

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Court and Legal Fees

Clients are discouraged from having us subpoenaed or having us provide records for the purpose of litigation. Even though you are responsible for the testimony fee, it does not mean that our testimony will be solely in your favor. We can only testify to the facts of the case and to our professional opinion. Furthermore, we need to assess to ensure there are no conflict of interest that could arise from our testimony. We would rather not damage the trust we have built in the counseling relationship with each client, especially if we are still seeing that person(s) for therapy.

If we are to receive a subpoena, the attorney or office staff will need to call our office and set up a time for the subpoena to be served during office hours. We request a minimum of 72 hours notice of any court appearance so that schedule changes for our clients can be made within a reasonable time frame. Please note: If a subpoena or notice to meet attorney(s) is received without a minimum of 72 hour notice, there will be an additional $250 express charge, which must be paid prior to my appearance in the courtroom.

When it comes to court action, the following fees are in effect (please note that the fee schedule listed below is NOT covered by insurance:

1. Preparation Time (including submission of records): $200/hr (billable in 15-minute increments)
2. Phone calls: $200/hour (billable in 15-minute increments)
3. Depositions: $250/hour
4. Time required in Giving Testimony: $250/hour
5. Mileage: .50/mile
6. All attorney fees and costs that are incurred by me because of the legal action.
8. Filing documents with the court: $100 flat fee
9. The minimum charge for a court appearance: $1000

A retainer of $1000 is due at least 72 business hours before the scheduled court appearance. The remainder of the costs will be billed after the court appearance and will be due upon receipt. If we am subpoenaed, and the case is continued with less than 48 business hours notice prior to the beginning of the day of the scheduled court appearance and/or the testimony is not given, then theclient will be charged $500 (in addition to original retainer of $1000 for having to appear in court). All fees listed above are doubled if the therapist is scheduled to be going out of town. Billsare presented to clients on a weekly basis and payment is expected upon receipt.