Good Faith Estimate & Fee Agreement

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In compliance with the No Surprises Act (effective January 1, 2022), all healthcare providers are required to notify patients of their federal rights and protections against "surprise billing." This Act requires that healthcare providers notify you of your federally protected rights to receive a notification when services are rendered by an out-of-network provider, if you are uninsured, or if you elect to not to use your insurance. Healthcare providers are required to provide you with a Good Faith Estimate of the cost of services. It is difficult to determine the exact length of treatment for mental health care, and it is ultimately up to each patient to decide how long and how often they would like to participate in counseling. I am transparent with my fees and each patient ultimately decides whether to schedule services or terminate counseling at any time. I have included a fee schedule for the services typically offered and I will continue to collaborate with you on a regular basis to determine the appropriate frequency and duration of our work together. **I am not paneled with any insurance companies at this time.** I am an out-of-network provider, which means that I provide cash pay services only, regardless of a patient's insurance status. You may be eligible for fee assistance if you are working with an attorney or caseworker; this may be arranged by discussing financial need with me and your attorney, case worker, or other involved parties. By scheduling services with me, patients assume full responsibility for direct payment of services. Patients with out-of-network mental health benefits may request a "superbill" (in other words, a detailed receipt showing diagnosis) to request their own reimbursement from their insurance company. In these situations, patients still pay me directly for my services in full and in line with my standard practice billing procedures outlined in the Disclosure Statement. Additionally, patients assume responsibility for all communication with their insurance and understand insurance companies may deny their claims in full or in part for a myriad of reasons.

Disclaimers

This Good Faith Estimate shows the costs of items and services that are reasonably expected and/or available for your health care needs. The estimate is based on information known at the time the estimate was created and is subject to change. The Good Faith Estimate is not a contract and does not require you to obtain the services from the provider identified on the Good Faith Estimate. 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 more than this Good Faith Estimate, you have the right to dispute the bill. You may contact the health care provider or facility listed to let them know the billed charges are higher than the Good Faith Estimate. You can ask them 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. There is a $25 fee to use the dispute process. If the agency reviewing your dispute agrees with you, you will have to pay the price on this Good Faith Estimate. If the agency disagrees with you and agrees with the health care provider or facility, you will have to pay the

higher amount. 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, visit www.cms.gov/nosurprises or contact your state's board of insurance. Keep copies of Good Faith Estimates in a safe place or take pictures of it. You may need them if you are billed higher amounts.

Good Faith Estimate: List of Services & Fees

The following is a list of expected charges and/or available services as of 11/16/2023. I may choose to review my fee structure once or twice a year. In the case that I decide to increase fees, I will notify current active patients at least six (6) weeks in advance. Fees billed at my clinical hourly rate are the same across mediums and locations (in-person, video call, phone, etc.).
Consult/10-minute phone screening: No charge
Initial intake assessment: $350 (Up to 90 minutes)
Standard individual therapy sessions: $280 per session (45-50 minutes)
Standard relationship/family therapy sessions: $280 per session (45-50 minutes)
Extended psychotherapy session: $350 per session (90 minutes)
Individual therapy sessions scheduled for different time lengths are prorated at clinical hourly fee. Charges are determined by the time scheduled, and 50 minutes is the default. Refunds are not given if a patient opts to not use the full scheduled session time. Additional communications & related services are prorated at the clinical hourly rate ($280/50 minutes). These include but are not limited to extensive phone calls beyond scheduling an appointment; writing letters or reports for patients or third parties (e.g. insurance companies, physicians, employers, etc.); and/or coordinating care with other providers (e.g. prescribers, specialists, other therapists, etc.).

Can I Use My Insurance?
I am not paneled with any insurance companies at this time. You may be eligible to submit a "superbill" for reimbursement to your insurance company, and they may reimburse a portion of your session fee. Contact your insurance company to verify that you have out-of-network benefits and whether your sessions can be reimbursed.

Please note that reimbursement through your insurance company does require a diagnosis. If you serve in the military or public services, please discuss this with me during your intake session.

If you do choose to seek reimbursement, here are some options:

Reimbursify is a platform where you easily submit your claims for out-of-network health insurance reimbursement from your smartphone. You may download the app and get your first claim free.
Mentaya is a platform that helps clients get money back on out-of-network therapy sessions. If you have out-of-network benefits, Mentaya will file claims and handle the insurance paperwork to make sure you get reimbursed. They charge a 5% fee per claim and patients may receive substantial reimbursements to offset the cost of services.
DISCLAIMER: The goal of Reimbursify and Mentaya is to save you time and money. It is completely optional.

As your therapist, I do not benefit in any way from your participation.

Fee Assistance

I currently provide psychotherapy services in partnership with public services organizations who sponsor clients by offering free or reduced-cost psychotherapy to their clients. This means that clients may attend psychotherapy at a reduced cost, or in some cases at no cost to them. In this case, a third party, such as a government, tribal, or social services organization will agree to pay the fees for the client's services.

Sometimes it is possible to request fee assistance from a third-party to pay for psychotherapy services, and I have offered this option to patients in the past. If you would like to request fee assistance from a third party, such as a government organization, social services, or another charitable organization, please let me know.

If you are a parent, legal guardian, attorney, or advocate for a minor or vulnerable adult, please contact me to discuss fee arrangements. You may need to receive approval or consent to receive services that are paid by a third-party organization, so please reach out to your point of contact for reimbursement of these services prior to meeting with me. We may need to sign a memorandum of understanding (MOU) for me to provide services to clients within your organization. Please contact me to discuss scheduling, fee arrangements, client expectations, and any legal requirements you may have for your clients.

Cancellation Policies

You may cancel or reschedule appointments up to 4 times per year with more than 7 full business days' notice. Cancellations and reschedules with fewer than 7 full business days' notice will incur a $150 fee. No-shows or late cancellations will incur a $150 fee. Consistent late cancellations and no-shows may result in termination of services with referral to an outside provider. If I cannot get in contact with you to schedule or reschedule an appointment after three late cancellations or no-shows, you will receive written notice informing you of treatment discharge if I do not hear from you within 7-10 business days. You will receive this notice prior to referral to an outside provider. You will be billed for any unpaid fees, including late cancellations and no-shows.

Subpoena and Litigation Fees

You may be seeking psychotherapy following a court order for mental health treatment. In the instance that your case involves evaluating parenting capacity, goodness-of-fit, an adoption case, or other legal circumstances, please share this information with me and your case worker, attorney, or other involved parties. Please note the following:

For attorneys and legal assistance/case review: $450/hour for all time including therapist's work, travel, and documentation noting any timeframes therapist must be available, plus all legal fees, consultation fees, and other expenses therapist incurs related to your client's case. If you have additional questions regarding scope of expertise/expert witness availability, please contact me directly. Additional documentation and consent may be requested if your attorney or case worker determines that you are responsible for these fees. You may request additional financial assistance through your attorney or case worker if this option is available to you.

Fee Agreement

Fees for services must be paid in full prior to your appointment unless you have discussed a different arrangement with me regarding your unique circumstances. You will receive a secure payment link to enter your card information and may save your card for later use.

Please initial and sign the following:

_____I acknowledge that I have received a copy of the Good Faith Estimate (attached here).

_____I agree to pay the full session fee if I cancel or reschedule with fewer than 7 full business days' notice.

_____I also understand that I may cancel or reschedule my appointment, with more than 7 full business days' notice, up to 4 times per year.

By signing below, I acknowledge that I have read, understood, and agree to the items contained in this document.

_____

Patient Signature Date

_____

Signature of Legal Guardian/Representative Date