

Insight Guidance, LLC 5049 Swamp Rd, Suite 305, Fountainville, PA 18923

Melissa Moreno, LPC License #PC012531

NPI#: 1265020853 EIN 853734540

GOOD FAITH ESTIMATE (GFE) and FEE DISCLOSURE

Client Name: _____ **DOB:** _____

Address: _____

Phone: _____

Email: _____

GFE Valid for 12 consecutive Calendar months from Date: _____

Primary Services Provided and Associated Fees: Please note CPT codes will only be used for the purpose of submitting reimbursement claims to your healthcare insurance provider at your request only.

- A. Individual Psychotherapy (50 mins) CPT 90834 = \$175.00
- B. Individual Psychotherapy (80mins) CPT 90834/99354 = \$250.00
- C. Family or Couples Psychotherapy (50 Mins) CPT 90847= \$200.00

(You may qualify for a sliding scale discount or a grandfathered rate based on when you began treatment resulting in a reduced fee. This fee has been discussed, is reflected in your Billing & Insurance Disclosure and Consent to Treatment (D&C) and your fee will be reflected in the GFE Below)

Initial _____

Other Services and Fees: These Fees are not eligible for discounts, sliding scale or insurance submission and due to the unpredictable nature of each client's needs can not be included in the GFE. This information serves as notice of additional fees you may incur based on your personal needs.

- A. Requested Documentation to Include Treatment Summary, Other Provider Consultation, Other Written Letters = prorated @ \$200/60mins
- B. No Call/No Show to Scheduled Appointment = \$175 individual \$200 family/couple
- C. Canceled Appointment < 24 Hours (without same week reschedule) = \$175 individual \$200 family/couple

Initial _____

Frequency and Duration of Treatment

Depending on your treatment needs, services will be provided for a frequency of one of the following and may fluctuate throughout the duration of treatment:

- a. Weekly
- b. Bi-weekly
- c. Monthly (reserved for clients who have met treatment goals as defined by both client and therapist)
- d. As-needed maintenance (reserved for clients who have met treatment goals as defined by both client and therapist)

Therapy is an extremely personal experience tailored to the needs of the client and the presenting concerns. Due to the nature of this unpredictability and Insight Guidance LLC's commitment to meeting and catering to the needs of every client individually, determining duration of treatment is ethically impossible. The industry standard of most Health Insurance companies is 12-15 sessions. You and your therapist will continue to review progress and make personalized decisions regarding both the frequency and duration of treatment periodically. Per the D&C, you can decide at any time to terminate services. Due to this, all GFE's will be based on your current frequency over the course of a 12 month/52-week calendar year) with an understanding that the actual frequency may change throughout the year.

Personal Cost Estimation

1. Your current fee per session is \$175 individual (50 mins), \$250 individual (80 mins) and \$200 family/couple.
2. Based on a 52-week calendar year, your total estimated cost of **weekly** treatment, not including holidays, breaks, and other unpredictable fees/services disclosed above, will be \$9,100 individual (50 mins), \$13,000 (80 mins) and \$10,400 family/couple.
3. Based on a 52-week calendar year, your total estimated cost of **bi-weekly** treatment, not including holidays, breaks, and other unpredictable fees/services disclosed above, will be \$4,550 individual (50 mins), \$6,500 (90mins) and \$5200 family/couple.
4. Based on a 52-week calendar year, your total estimated cost of **monthly** treatment, not including holidays, breaks, and other unpredictable fees/services disclosed above, will be \$2,100 individual (50 mins), \$3,000 (80mins) and \$2400 family/couple.

Initial _____

Diagnoses Used: Please note Diagnostic codes provided here are generic and used to satisfy the requirements of the No Surprises Act. Per our verbal discussion and your signature verifying the review of the D&C, you understand that an appropriate diagnosis will only be provided for the purposes of submitting reimbursement claims to your healthcare insurance provider at your request. Any other diagnoses will be discussed between client and therapist for the purpose of treatment planning and referrals to appropriate providers.

F43.21 Adjustment Disorder with Depressed Mood	V61.29/Z62.898 Child Affected by Parental Distress
F43.22 Adjustment Disorder with Anxiety	V61.10/Z63 Relationships Distress with Spouse or Intimate Partner
F43.23 Adjustment Disorder with Mixed Anxiety and Depressed Mood	V61.03/Z63.5 Disruption of Family by Divorce or Separation
F99.00 Mental Disorder, not otherwise specified	V15.49/Z91.49 Other Personal History of Psychological Trauma
V61.23/Z62.820 Parent-Child Relational Problem	V62.89/Z60.0 Phase of Life Problem
V62.9/Z60.9 Unspecified Problem Related to Social Environment	V62.9/Z65.8 Other Problem Related to Psychosocial Circumstances

Initial _____

Health Insurance Waiver

As both verbally discussed and as indicated by your signature on the D&C, you understand that Insight Guidance, LLC does not accept insurance as a method of payment. By using these services, you understand you are waiving the usage of your insurance. You are, however, more than welcome to use your HSA/FSA accounts for payment. You are responsible for understanding your own insurance benefits to include the co-pays and deductibles coverages available to you by choosing to work with a mental health provider within your insurance company's network. Those amounts may or may not be less than the fees you are agreeing to pay Insight Guidance, LLC. Your signature on this GFE indicates your waiver of insurance benefits and paying the out-of-pocket fees as listed above.

At any time, you may request a SuperBill statement(s) from Insight Guidance, LLC. This statement will include Dates of Service, Billing Codes, and Diagnostic Codes. You may choose to submit these statements to your insurance company in an effort to request full or partial reimbursement. Your signature on this GFE indicates that the reimbursement decision is solely that of your insurance provider and Insight Guidance, LLC in no way guarantees or has authority in this reimbursement decision.

Initial _____

Client Signature: _____ Date: _____

Provider Signature: _____ Date: _____

In an effort to reduce paper waste, this form will be kept in your client confidential file. If you would like a copy for your records, please request

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 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.

For questions or more information about your right to a Good Faith Estimate or the dispute process, visit www.cms.gov/nosurprises or call 1-877-696-6775.