



No Surprises Act / Good Faith Estimate

If you are billed for more than this Good Faith Estimate, you have the right to dispute the bill. Under the law, health care providers need to give patients who don't have insurance or who are not using insurance an estimate of the bill for medical items and services. You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services. This includes related costs like medical tests, prescription drugs, equipment, and hospital fees. Make sure your health care provider gives you a Good Faith Estimate in writing at least one (1) business day before your medical service or item. You can also ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule an item or service. If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill. Make sure to save a copy or picture of your Good Faith Estimate. For questions or more information about your right to a Good Faith Estimate, visit www.cms.gov/nosurprises.

Insurance Opt-out/Acknowledgement of No Insurance:

By eSigning this section, I acknowledge I don't have insurance/I am opting out of using my insurance.

*My electronic signature has the full force and effect of a signature affixed by hand to a paper document.

Sign Here _____

Provider Fees

The following is a detailed list of expected charges. The estimated costs are valid for 12 months from the date of the Good Faith Estimate. Provider Estimates - *Maximum does not include late cancelation/no-show fees, crisis sessions, non-therapeutic charges e.g. documentation fees, banking fees, court/litigation fees, anger management, life skill services, or other financial arrangements based on a case-by-case basis. See 'Practice Policies, Disclosure, and Financial Responsibility' for complete details regarding this fee schedule.

Initial Consultation (Psychiatric Diagnostic Evaluation) 15 minutes - \$0.00

90791 ~ Intake Session - Individual - \$130.00

90832 ~ Individual Psychotherapy, 30 minutes - \$65.00

90834 ~ Individual Psychotherapy, 45 minutes - \$125.00

90837 ~ Individual Psychotherapy, 53 minutes - \$130.00

90839 ~ Psychotherapy Crisis, 60 minutes - \$125.00

90840 ~ Additional Psychotherapy Crisis, 30 minutes - \$75.00

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EMDR Intake: \$150.00
EMDR Session (45-60 mins) \$140.00
Late Cancel / No Show Fee: \$75.00
Returned Check Fee: \$30.00
Documentation Fee - \$30.00
Outside Meeting (School, DCF, Mediation Meetings) IN ADVANCE- \$75.00 / hour
Court/Litigation: Retainer for court services due IN ADVANCE - \$1000 Deposit
Communications (phone, text/SMS, email, written letters, etc.) - \$250.00 per hour
Preparation (including submission of records, cancellation of clients, etc.) - \$250.00 per hour
In-court appearance (including wait time/standby) –\$500 per hour
Mileage: \$0.56 per mile plus \$100 per hour of travel time
Court Filing: - \$100.00 plus associated fees Express service (Less than 72 business hours)

Based on Per Year

Estimated total for weekly 53 minute Individual Sessions: \$6760.00
Estimated total for Bi-weekly 53 Minute Individual Sessions \$3380.00
Estimated for Monthly 53 Minute Individual Sessions: \$1560.00
Estimated total for Weekly EMDR Session: \$7280.00
Estimated total for Bi-Weekly EMDR Session: \$3640.00
Estimated total for Monthly EMDR Session:\$1680.00

Length Of Services

Psychotherapy services can range from two days, to two months, to a year or more. The length of time you will need to be in therapy is based on your therapeutic goals, your overall wants and needs, and any psychosocial/financial barriers that may arise. With this being said, communication is key to any healthy relationship. Should a financial hardship occur, you are encourage to discuss your situation with Beautifully Unbroken Counseling to determine the best resolution as it pertains to your continuity of care and the therapeutic relationship. Should more time be required to met your therapeutic goals, Beautifully Unbroken Counseling will discuss with you your options with you at which time a new Good Faith Estimate will be created, your therapeutic services will end, or you are referred to another provider. The above listed total estimated psychotherapy cost is based on a 52 week structure at the individual rate of \$130.00 per one session a week and intake fee of \$150.00 equating to \$6760.00; EMDR Sessions at a rate of \$140.00 for weekly sessions are a rate of \$7280.00. Bi-weekly rates are \$3640.00. Monthly rates per session are \$1680.00. These totals DO NOT account for no show/late cancelation fees, bank charges, crisis sessions, non- therapeutic charges e.g. documentation fees, banking fees, court/litigation fees, anger management, life

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skill services, or other financial arrangements based on a case-by-case basis. You are encouraged to carefully read the 'Practice Policies, Disclosure, and Financial Responsibility' for complete details regarding fee schedule.

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. You may contact the health care provider or facility listed to let them know the billed charges are higher than your Good Faith Estimate. 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 or the dispute process, visit www.cms.gov/nosurprises or call (800) 368-1019. 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.

Provider Information:

Provider Name: Erin Sheridan, LMHC, LPC, LADC
Mailing Address: 1 Main St. #120 Brimfield, Ma 01010
Contact person: Erin Sheridan, LMHC, LPC, LADC
Phone: 860-362-0770
Email: erinsheridan@beautifulyunbrokencounseling.com
National Provider Identifier (NPI): 1568719086
Taxpayer Identification Number (TIN): 87-1229825

Client Information:

Name:
Date of Birth:
Address:

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Phone Number:

Email Address:

Client Diagnosis:

I understand and acknowledge that a diagnosis is required for the completion of this form. I understand and acknowledge Beautifully Unbroken Counseling has chosen not to disclose my provisional/current diagnosis(s) on this form to meet HIPAA guidelines. I acknowledge I my provisional/current diagnosis has been discussed with me and my diagnosis(s) serves as a guiding tool for treatment purposes. The date in which this Good Faith Estimate takes effect is: January 1, 2022. These estimated costs are valid for 12 months from the above date and are set to expire December 31, 2022

By eSigning this section, I acknowledge I don't have insurance/I am opting out of using my insurance.

*My electronic signature has the full force and effect of a signature affixed by hand to a paper document

Client Signature: _____

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