

## Take your life to the next level

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January 1, 2024

In compliance with the Federal No Surprises Act (effective January 1, 2022), behavioral health care providers are required by law to give **uninsured and self-pay clients not filing with insurance** a Good Faith Estimate of costs for services when scheduling care or when the client requests an estimate. Please notify IE Counseling if you will not be submitting your invoices for out of network reimbursement. Clients will be able to get estimated costs ahead of a service to help avoid surprise bills. Please note that actual charges may differ; the good faith estimate is not an offer or contract of services. You may be charged more if changes or special circumstances occur, or less according to changes or reduced fee agreements. This means that your final cost for services may differ from the estimate. IE Counseling reviews and may update rates semi-annually.

The current full rates for individual counseling, couples, and families' services with a licensed provider (e.g. LPC, LCSW, LMFT) at IE Counseling are listed below and outlined in the Payment Contract Fee Schedule.

\$300 per hour for initial consult and assessment (or prorated calculations of this, depending on the length of meeting)

\$275 per hour, for one (1) hour individual sessions (or prorated calculations of this, depending on the length of meeting)

\$225 per 45 mins individual sessions (or prorated calculations of this, depending on the length of meeting)

\$300 per hour for parent/professional consult, family and/or couples' sessions (or prorated calculations of this, depending on the length of meeting)

Other common items and services provided at IE Counseling are listed below. Note that this list is not exhaustive and does not represent all services which a client may request or require.

- Cancellation/No-Shows clients are responsible for the full session fee for missed appointments with less than 24 hrs. notice.
- Documentation/Report writing and consultation with other providers fees are charged at the same hourly rate as clinical sessions.

It is your right to determine your goals for treatment and how long you would like to remain in therapy unless you are pursuing mandatory treatment. You and your therapist will continually check in regarding your progress, to assess the appropriate frequency of your sessions, and to determine when you have met your goals and are ready to end therapy. The fees outlined are provided to support you in discussing with your therapist what you may owe if you agree to receive care at IE Counseling. The total cost of services may be influenced by many factor-

- Your schedule and life circumstances
- Therapist availability
- Ongoing life challenges
- The nature of your specific presenting concerns/diagnosis (if applicable) and how you address them

IE Counseling is not currently in-network with any insurance plans. This means that IE Counseling does not have an agreement with any insurance plans. Clients who are enrolled in an insurance plan and consent to receive services here acknowledge that they will be responsible for the full cost billed for any items or services received and understand that receiving services here may cost them more. Clients are encouraged to contact their health plan for support in finding an in-network provider. By consenting to receive services at IE Counseling you understand that:

- You are giving up your protections under the law.
- You will owe the full costs billed for items and services received.
- Your health insurance plan might not count any of the amount you pay towards your deductible and out- of-pocket limit and may not reimburse you fully or at all for any out-of-pocket payments that you make. Contact your health plan for more information.

## **DISCLAIMER**

A 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 or services 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 more than the 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 or the dispute process, visit www.cms.gov/nosurprises or call (800) 368-1019.

I have read and understand my rights and responsibilities under The No Surprises Act (1-1-22) I will notify IE Counseling if I do not intend to submit claims for services to my insurance company so I may then receive a Good Faith Estimate of Cost before proceeding with services.

Print Name of Patient or Guardian (if under 18 years of age)	Signature of Patient or Guardian (if under 18 years of age)
Print Full Name of Patient or Guardian (if 14 years or older)	Signature of Patient (if 14 years or older)
Date:	