

No Surprise Act Good Faith Estimate

Phone (512) 658-5438 3003 Dawn Dr. #108 Georgetown, Texas 78628

www.StephanieLPC.com email: StephaniePJW@gmail.com

Client Name: _____ DOB: _____

Initial assessments / CPT code 90791 are 60-75 minutes and cost \$165. Subsequent Individual sessions CPT code 90837 for 60 minutes is \$125 or 90834 for 45 minutes is \$85, CPT 90832 for 30 minutes is \$75. Please arrive promptly. You will be responsible for payment of your scheduled appointment unless you cancel 24 hours in advance. If you fail to cancel or no show you will be billed a \$100.00 cancellation fee. Clients will not be responsible for missed appointments due to true emergency or illness.

Payment of your fee or co-pay by personal check, cash, or credit / debit HSA card is due at each session. Returned checks are subject to a \$35.00 dollar fee. After hours calls, emergencies, or outside of the office therapy will be billed at the rate of your regular fee plus 25 %, billed by the quarter hour. Reading, reviewing or responding to lengthy emails or phone calls longer than three minutes outside of your scheduled session will be billed at \$150 per hour billed by the quarter hour. You will be responsible for these fees as insurance does not reimburse for this. If you are using insurance and I no longer have a contractual in network relationship, I will honor the contract rate for 90 days.

Court work and travel time for court, legal evaluations and or written professional opinions or summaries for legal proceedings, consultations with your attorney or an opposing attorney, calls or emails relating to your case or conflict as well as preparation for court will be billed at \$200 per hour. A fee of \$200 per hour will be charged for court testimony billed by the quarter hour. A retainer of \$1500 will be required prior to beginning any court work. Once the retainer is exhausted it will need to be replenished in \$1500.00 increments. If I am required to block off time for court, there will be a fee of \$150 per hour blocked off in four or eight hour increments. It will not be charged in addition to testimony, only for time held for testimony.

Good Faith Estimates require a diagnosis. I can not diagnose anyone without an initial assessment. For the purpose of this estimate the Diagnosis / DX code is Z03.89 "no diagnosis or condition".

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.

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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/consumers or call 1-800-985-3059. For questions or more information about your right to a Good Faith Estimate or the dispute process, visit www.cms.gov/nosurprises/consumers or call 1-800-985-3059.

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.

Services are performed in my office at 3003 Dawn Dr Suite 108 or via telehealth which uses a code 2 place of service with a 95 modifier. My NPI is 1457436610. My Tax ID is 74-3005135 My Texas LPC-S is #15101. CMS's main page about this legislation- <https://www.cms.gov/nosurprises>

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Client Signature & Date