

DR. NETTA SHAKED, PA
LICENSED PSYCHOLOGIST

2022 Good Faith Estimate - No Surprises Act

Date of Good Faith Estimate: 1/15/22

This estimate is for psychotherapy services through: 12/31/22

Brief explanation of Good Faith Estimate for patients:

In compliance with recent No Surprises Act I am required to provide you with a good faith estimate.

This Good Faith Estimate is not a contract. It does not obligate you to accept the services listed below.

The estimate below is the range of costs that is likely for most patients. Until I do an initial evaluation and we start to work together, I will not have a clear picture of your specific diagnosis, issues, and needs.

My rates are clearly posted in the 2022 Patient Payment Responsibility Form which I ask you to carefully review and sign, *before* I begin working with you.

Therapy Patients

I typically see therapy patients for 1-2 sessions week, for a total cost of \$1000-\$2000/month, depending on the frequency of sessions, and the rates as detailed in your 2022 Patient Payment Responsibility Form.

But in some cases a patient's issues may be more complicated, so we may need additional sessions during the time period covered by this estimate. For this reason, I am over-estimating the total estimated cost based on 100 sessions/year (i.e., 2 sessions per week), although I do not anticipate that you will need this many sessions in one year.

Testing/Evaluation Patients

Testing/Evaluation cases vary in terms of the time I will need to perform the testing, scoring, interpretation, and report-writing. For this reason, I am over-estimating the total estimated cost based on 30 hours/year, although I do not anticipate that you will need this many testing/evaluation hours in one year.

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Details of the Estimate: The following is a detailed list of possible or expected charges for psychological services scheduled for 2022. The estimated costs are valid for 12 months from the date of this Good Faith Estimate, unless I send you an updated estimate.

Service	Diagnosis Code (once determined)	Service code	Quantity (# of sessions or units. Give number or range)	Cost per unit	Expected cost
Initial evaluation		90791	1	\$250-\$475	\$250-\$475
Psychotherapy sessions		90834, 90837, 90846	1-100	\$250-\$500	\$250-\$37,500
Testing/Evaluation sessions		96130, 96131, 96132, 96133	1-30	\$300-\$9,000	\$300-\$9,000
Feedback session		90846, 90834	1-4	\$300-\$600	\$300-\$600
TOTAL ESTIMATED COST, DEPENDING ON SERVICES RENDERED:				In the range of \$250-\$47,575	

Provider: Dr. Netta Shaked

NPI number: 1336330796

TIN#: 262663546

Contact: If you have questions or concerns about this estimate, please contact Dr. Shaked at 786.942.9425 and Dr@DrNettaShaked.com.

Services will be provided in-office at the address below, in another office in Florida or New York, or via telehealth.

Disclaimer

This Good Faith Estimate shows the costs of services that are reasonably expected for the expected services to address your mental health care needs. The estimate is based on the information known to me when I performed the estimate.

1000 5TH STREET, SUITE 215 ▪ MIAMI BEACH, FL 33139
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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 psychologist at the contact listed above 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 CMS at 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 or call CMS at 1-800-985-3059 .

This Good Faith Estimate is not a contract. It does not obligate you to accept the services listed herein.

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 more than \$400 than the estimate provided above.