

FINANCIAL INFORMATION, POLICIES & GOOD FAITH ESTIMATE (GFE)

To provide the highest-quality service, financing should be clear. Lynne Moser, LCSW, LLC is out-of-network with all insurance plans. Cash, check or credit card payments are the only accepted forms of payment. The initial Intake payment is collected in advance of your first appointment. Subsequent payments are due on the day of service.

A valid credit card is required to be kept on file. Your credit card can be used to pay for services or you can provide a different form of payment at the time of service. The credit card on file will be charged for the full amount of your session if you fail to cancel your session 24 hours in advance and/or you are a no-show for your scheduled appointment. If you fail to contact me within the first 15 minutes of your session, you will be considered a late cancel/no-show.

If your insurance plan offers out-of-network reimbursement, I can provide a superbill for you to submit a claim for reimbursement. It is your responsibility, not that of my practice, to know and understand your insurance benefits. I do not verify insurance benefits on behalf of clients and cannot guarantee that you will receive reimbursement from your insurance provider.

The current rate for counseling and therapy services is \$175/45-minute session.

You are under no obligation to obtain services from Lynne Moser, LCSW, LLC and you can always be referred to a lower fee provider or one that is in your insurance provider's network.

GFE FOR HEALTH CARE SERVICES

Client's Name _____

Date of Birth _____

Service(s) Provided: Professional Counseling & Psychotherapy

Additional Services: By request, TBD

Expected Fees: \$175/45 minute session

Provider Name: Lynne Moser, LCSW, LLC

National Provider Identifier (NPI): 1811451487

Tax Identification Number (TIN): 83-2616144

Office Location: 33 South Delaware Avenue, Suite 106-G, Yardley PA 19067

Commonly Used Service Codes

- 90791: Therapy Intake
- 90834: 45-minute psychotherapy session

Commonly Used Diagnosis Codes

- F33.0, 1, 2: Major depressive disorder (severity mild, moderate, severe)
- F34.1: Dysthymic disorder
- F41.1: Generalized anxiety disorder
- F43.20: Adjustment disorder, unspecified

Lynne Moser, LCSW recognizes that every client's experience in therapy is unique. How long you engage in therapy and how often you attend sessions will be influenced by many factors, such as your schedule and life circumstances, therapist availability, ongoing life challenges, and how you choose to address these challenges. Together we will continually assess the appropriate frequency of therapy, and determine when you have met your goals and are ready for termination.

Current rate for services:

45-minute individual session = \$175.00

- *The cost for one month of weekly service would be:*
 $\$175 \times 4 = \underline{\$700}$
- *The cost for biweekly service per month would be:*
 $\$175 \times 2 = \underline{\$350}$
- *The cost for once/monthly service:*
 $\$175 \times 1 = \underline{\$175}$

Disclaimer: *There may be additional items or services recommended as part of treatment that are not reflected in the GFE, such as correspondence, phone consultations or advocacy on behalf of clients or other paperwork requests. The information provided in the GFE is only an estimate and actual services or fees may differ from the GFE. The GFE does not require clients to obtain psychotherapy or other services from Lynne Moser, LCSW, LLC.*

This GFE shows the cost of services that are reasonably expected for your general health care needs and it varies by client and by circumstance. This estimate is based on information known at the time the estimate was created. The GFE does not include any unexpected costs that may arise during treatment. You could be charged more if special circumstances (such as requests for additional sessions or services) occur. If this happens, Federal law allows you to 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 me to let me know the billed charges are higher than the estimate or ask to negotiate the bill. You may also start a dispute resolution process with the US Department of Health and Human Services (HHS). If you choose to use this dispute resolution process, you must start the process within 120 calendar days of the date of the original bill.

There is a \$25 fee to initiate the dispute process. If the agency reviewing your dispute agrees with you, you will have to pay the amount noted on this Good Faith Estimate. If the agency disagrees with you and agrees with the healthcare provider, you will have to pay the higher amount.

To start the process or for more information, go to www.cms.gov/nosurprises or call 1-800-985-3059.

I understand Lynne Moser's Financial Information, Policies and GFE described herein.

CLIENT SIGNATURE _____ **DATE** _____