Good Faith Estimate

The following statement is a Good Faith Estimate (GFE) rendered by Megan Lukany, LCSW for services to be rendered in the calendar year in accordance with the No Surprise Act. ***This provider is not paneled with any insurance panels and is private pay only.*** *All services are the financial responsibility of the client.* **THIS IS NOT A BILL.**

This document may contain privileged, confidential and/or protected health information (PHI) and may be subject to protection under the law, including the Health Insurance Portability and Accountability Act of 1996, as amended (HIPAA.) This document is intended for the sole use of the individuals named below. If you are not these individuals, you are hereby notified that any review, dissemination, distribution, printing or copying of this document is strictly prohibited and may subject you to criminal or civil penalties. If you have received this document in error, please contact the out of network provider below.

A federal law when into effect on January 1, 2022, called the "No Surprise Act" which requires healthcare practitioners to provide a "Good Faith Estimate" (GFE) orally and in writing to individuals who are not enrolled in a healthcare plan/coverage, a Federal health care program, and/or not seeking a claim with their healthcare plan/coverage. The Good Faith Estimate works to show the cost of items and services that are reasonably expected for your health care needs for an item or service, a diagnosis, and a reason for psychotherapy.

The Good Faith Estimate (GFE) is based on information known at the time the estimate was created. IT IS NOT AL BILL OR BINDING CONTRACT. It does not include any unknown or unexpected costs that may arise during treatment. You could be charged more if complications or special circumstances occur and will be provided a new GFE should you request in writing. If this does happen, federal law allows you to dispute (appeal) the bill if you and your healthcare provider did not previously talk about the change and you have not been given an updated good faith estimate.

The GFE **does not apply currently to any clients who are using health insurance.**

Out of Network Provider:

Megan Lukany, LCSW
5342 Clark Road, #1248
Sarasota, Florida 34233
NPI: 1366955528
NJ License#: 44SC05440500
FL License#: SW20498
EIN: 93-4909936

Client Name:

Client Address:

Client Phone:

Client DOB:

Date of Estimate:

Provisional ICD-10 Diagnosis Code: Z71.9 - Counseling, unspecified

PRELIMINARY SERVICES AND EXPECTED CHARGES: *Service Cost Estimation*

- CPT 90791 Psychiatric Diagnostic Evaluation (one hour): $225
- CPT 90834 Psychotherapy (40-45 minutes): $165 per session
- CPT 90846 Family Psychotherapy, without patient present (40-45 minutes): $175
- CPT 90847 Family Psychotherapy (60-70 minutes): $230
- CPT 90853 Psychotherapy administered in Group Setting (60 minutes): $65 per session

Please note that additional fees may be incurred based on your personal needs. This is not an exhaustive list of these fees and it intended only to provide an estimate of potential additional services and their fees. Due to their unpredictable nature, they will not be included in this GFE.

a) *Unscheduled/ad-hoc/crisis/parent consultation phone calls that are more than 10 minutes = prorated at $15 for each 15 minute increment.*
b) *School or treatment team meetings (IEP/504) which are billed at $165 per hour*
c) *Requested documentation to include treatment summary, other provider consultation, billing statements, other written letters, at $100 per hour.*
d) *No show to scheduled appointment: cost of scheduled appointment (see above)*
e) *Cancelled appointment less than 24 hours: cost of scheduled appointment (see above.)*

SELECTED SCOPE OF RECURRING SERVICES:

Length, frequency and number of sessions is dependent upon your condition and is a collaborative decision made by the provider and client. Typically, clients are seen initially for weekly and may continue to be seen monthly as maintenance. The estimated costs listed above are valid for 12 months from the date of the Good Faith Estimate.

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 listed to let them know the bill charges are higher than the GFE. You can ask them to update the bill to match the GFE, 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. 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 of 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 mental health care provider, you will have to pay the higher amount.

To learn more and get 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 a billed at a higher amount.

By signing, you acknowledge that you have reviewed this Good Faith Estimate document, have been given a written or digital copy of it, and understand your estimated total costs of services.

(signature of receipt)