GOOD FAITH ESTIMATE 01/01/2027 - 12/31/2027

NYC PSYCHIATRIC NURSE PRACTITIONER SERVICES, P.C.

January 1, 2027

RE: NO SURPRISES ACT OF 2022

FOR: ALL SERVICES RENDERED BY SUHANA DELEON-SANCHEZ, PMHNP-BC

- Effective January 1, 2022, a ruling went into effect called the "No Surprises Act" which requires practitioners to provide a "Good Faith Estimate" about care provided that is not in-network with a client's insurance plan. You have been identified as a client seen in this practice who is considered private-pay.

- Under Section 2799B-6 of the Public Health Service Act (PHSA), health care providers and health care facilities are required to inform individuals who are not enrolled in an insurance plan or a Federal health care program, or not seeking to file a claim with their plan, that upon request they are entitled to receive (both orally and in writing) a "Good Faith Estimate" of expected charges.

- You have the right to receive a “Good Faith Estimate” explaining how much your medical care will cost. Under the law, health care providers need to give patients who don’t have insurance or who are not using insurance an estimate of the bill for medical items and services.

- You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services. This includes related costs like medical tests, prescription drugs, equipment, and hospital fees.

- Make sure your health care provider gives you a Good Faith Estimate in writing at least one (1) business day before your medical service or item. You can also ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule an item or service.

- If you receive a bill that is at least $400 more than your Good Faith Estimate, you can dispute the bill.

- Make sure to save 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.

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

NYC PSYCHIATRIC NURSE PRACTITIONER SERVICES, P.C. GOOD FAITH ESTIMATE
DATE THIS GOOD FAITH ESTIMATE TAKES EFFECT: 01/01/2027
DATE THIS GOOD FAITH ESTIMATE EXPIRES: 12/31/2027

Practice Name: NYC PSYCHIATRIC NURSE PRACTITIONER SERVICES, P.C. Facility Type: GROUP PSYCHIATRY PRACTICE
Group National Provider Identifier (NPI): 1366885170
Employer Identification Number (EIN): PROVIDED UPON REQUEST Mailing Address: NYC Psychiatric Nurse Practitioner Services, P.C., 1129 Northern Blvd. Suite 404, Manhasset NY 11030
Contact person: SUHANA DELEON-SANCHEZ, PMHNP-BC
Phone: 718-775-5041
Email: INFO@NYCPSYCHIATRIC.COM
Details of Services and Items for NYC PSYCHIATRIC NURSE PRACTITIONER SERVICES,P.C.
Service/Item: PSYCHIATRY SERVICES: DIAGNOSTIC PSYCHIATRIC EVALUATION AND/OR PERINATAL PSYCHIATRIC CONSULTATION AND/OR PSYCHIATRIC FOLLOW UP FOR MEDICATION MANAGEMENT AND/OR PSYCHOTHERAPY AND/OR CRISIS VISITS, AND/OR ADDITIONAL TIME DURING AND OUTSIDE OF SCHEDULED SESSIONS
Address where service/item will be provided: 1129 Northern Blvd. Suite 404, Manhasset NY 11030 OR 299 Broadway, Suite 820, New York, NY 10007 OR via telehealth (telephone or audiovisual connection)
Provider Name: SUHANA DELEON-SANCHEZ, PMHNP-BC
Individual National Provider Identifier (NPI): 1437482866

While this practice has always shown transparency regarding costs/fees associated with services provided, we have drafted this Good Faith Estimate, as required by law.

- The following is a detailed list of expected charges if you choose to obtain care at this practice. The estimated costs are valid for 12 months from the date of the Good Faith Estimate (1/1/2027-12/31/2027). The date in which this Good Faith Estimate takes effect is: January 1st, 2027 and is set to expire: December 31st, 2027.

- You are entitled to receive this “Good Faith Estimate” of what the charges could be for psychiatric services provided to you. While it is not possible for a psychiatric provider to know, in advance, how many sessions may be necessary or appropriate for a given person, this form provides an estimate of the cost of services provided. Your total cost of services will depend upon the number of psychiatric treatment sessions you attend, your individual circumstances, and the type and amount of services that are provided to you. This estimate is not a contract and does not obligate you to obtain any services from the practice or provider listed, nor does it include any services rendered to you that are not identified here. This Good Faith Estimate is not intended to serve as a recommendation for treatment or a prediction that you may need to attend a specified number of psychiatric treatment visits. The number of visits that are appropriate in your case, and the estimated cost for those services, depends on your needs and what you agree to in consultation with your provider. You are entitled to disagree with any recommendations made to you concerning your treatment and you may discontinue treatment at any time.

PROVIDER ESTIMATES/ FEES FOR SERVICE:

Please Note:
1. Estimates listed below DO NOT include late reschedule/cancelation (notice with <48 business hours)/no show fees, crisis sessions, sessions outside of normal business hours or during provider’s scheduled time away/ vacations, non-therapeutic charges e.g. documentation/letter/form fees, fees for prescription refill request outside of scheduled appointments, banking fees, court/ litigation fees, fees to print and mail medical records, consultation/ coordination fees with therapists/other healthcare practitioners, family, or friends, or other financial arrangements based on a case-by-case basis.

2. "Billing Code(s)" are 2021 CPT code(s). These codes are typically used for insurance billing and are being provided for informational purposes only. This practice and provider are NOT IN-NETWORK or OUT-OF-NETWORK with any insurance plans and WILL NOT bill any insurance plan you may have for these services. PLEASE ALSO NOTE THAT MANY INSURANCE PLANS DO NOT PROVIDE OUT-OF-NETWORK REIMBURSEMENT AND PATIENT HOLDS FULL RESPONSIBILITY TO CONTACT THEIR INSURANCE COMPANY BEFORE RECEIVING AND PAYING FOR SERVICES TO DETERMINE WHETHER THEY WILL BE REIMBURSED ANY AMOUNT FOR SERVICES RENDERED. NEITHER NYC PSYCHIATRIC NURSE PRACTITIONER SERVICES, P.C. NOR SUHANA DELEON-SANCHEZ, PMHNP-BC CAN GUARANTEE YOU WILL BE REIMBURSED ANY AMOUNT WITH A PROVIDED SUPERBILL. ADDITIONALLY, MANY INSURANCE COMPANIES WILL NOT REIMBURSE PATIENTS FOR VIRTUAL OR TELEPHONE-ONLY SESSIONS DONE WITHOUT VIDEO NOR DO INSURANCE COMPANIES REIMBURSE NO-SHOW FEES, DOCUMENTATION/LETTER FEES, LEGAL PROCEEDINGS FEES, OR LATE CANCELLATION FEES.

**** Telephone Consultation (Not for Existing Clients):**

Billing Code: N/A

Allotted Time: Up to 15 minutes

Place of Service: Telehealth using a live, interactive telephone connection.

Cost: $0.00 USD (There is no charge for this service as it does not establish a professional treating relationship nor does it include diagnosis or treatment.

**** Psychiatric Diagnostic Evaluation:**

Billing codes: 90791 or 90792 or 99205 or 99204 or 99203 or 99202

Allotted time: Up to 60 minutes OR Up to 90 minutes

Place of Service: In-person or via Telehealth (remote visits using a secure HIPAA- compliant telehealth platform with live/interactive audio (telephone) OR live interactive audio with visual (video)

Cost: Up to 60 min: $550.00 USD OR Up to 90 min: $825.00 USD

**** Perinatal Psychiatry Consultation:**

Billing code: 90791 or 90792 or 99205 or 99204 or 99203 or 99202

Allotted time: Up to 120 minutes

Place of Service: In-person or via Telehealth (remote visits using a secure HIPAA- compliant telehealth platform with live/interactive audio (telephone) OR live interactive audio with visual (video)

Cost: Up to 120 min: $1,100.00 USD

**** ADHD Clinical Evaluation:**

Billing codes: 90791 or 90792 or 99205 or 99204 or 99203 or 99202 or 99215 or 99214 or 99213 or 99212

Allotted time: Up to 90 minutes OR Up to 120 minutes

Place of Service: In-person or via Telehealth (remote visits using a secure HIPAA- compliant telehealth platform with live/interactive audio (telephone) OR live interactive audio with visual (video)

Cost: Up to 90 min: $825.00 USD OR Up to 120 min: $1,100.00 USD

**** Follow Up Visits (Medication Management Only):**

Billing codes: 99212, 99213, 99214, 99215

Allotted time: Up to 20 minutes, Cost: $325.00 USD

Allotted time: >20 min, Up to 45 minutes, Cost: $425.00 USD

Allotted time: >45 minutes, Up to 60 minutes, Cost: $550.00 USD

Place of Service: In-person or via Telehealth (remote visits using a secure HIPAA- compliant telehealth platform with live/interactive audio (telephone) OR live interactive audio with visual (video)

**** Follow Up Visit (Combined Medication Management & Individual Psychotherapy):**

Billing codes: 99212+90833 OR 99213+90833 OR 99214+90833 OR 99215+90833

Allotted time: Up to 45 minutes, Cost: $425.00 USD

Allotted time: >45 minutes, Up to 60 minutes, Cost: $550.00 USD

Place of Service: In-person or via Telehealth (remote visits using a secure HIPAA- compliant telehealth platform with live/interactive audio (telephone) OR live interactive audio with visual (video)

**** Follow Up Visit (Individual Psychotherapy Only (Includes tobacco treatment/counseling)**

1. Billing codes: 90832 OR 90834 OR 90837

Allotted time: Up to 45 minutes, Cost: $425.00 USD

Allotted time: >45 minutes, Up to 60 minutes, Cost: $550.00 USD

Place of Service: In-person or via Telehealth (remote visits using a secure HIPAA- compliant telehealth platform with live/interactive audio (telephone) OR live interactive audio with visual (video)

2. Billing code: 90839, (Psychotherapy, Crisis)

Allotted time: > 4 minutes Up to 60 minutes, Cost: $600.00 USD Allotted time: >60 minutes, up to 120 minutes, Cost: $1,200.00 USD Allotted time: >120 minutes, up to 180 minutes, Cost: $1,800.00 USD

Place of Service: In-person or via Telehealth (remote visits using a secure HIPAA- compliant telehealth platform with live/interactive audio (telephone) OR live interactive audio with visual (video)

****Additional Session Time (Per 15 minute increments) during scheduled appointments:**

Billing code: N/A (Additional session time) Allotted time: 1-15 minutes

Place of Service: In-person or via Telehealth (remote visits using a secure HIPAA- compliant telehealth platform with live/interactive audio (telephone) OR live interactive audio with visual (video)

Cost: $137.50 USD per each 15 minute increment (ex: 1-15 minutes = $137.50 USD, 16-30 minutes= $275.00 USD, 31-45 minutes = $412.50 USD, 45-60 minutes = $550.00 USD, etc)

****PLEASE NOTE THAT INSURANCE COMPANIES WILL NOT REIMBURSE FOR ADDED SESSION TIME IN ADDITION TO ALLOTTED TIMES FOR SCHEDULED APPOINTMENTS**

**** Unscheduled Contact with Provider (outside of scheduled appointments during regular business hours: Tuesday - Friday 9am-4pm):**
Billing code: To be determined based on reason for contact outside of sessions Place of Service: Includes phone calls, emails, text messages, telehealth sessions, in-person contact, coordination of care, and/or reaching out to emergency contact or activating/arranging emergency services or inpatient hospitalization:
Cost during regular business hours (Tuesday to Friday 9am to 4pm): Allotted time: > 1 minute, Up to 20 minutes, Cost: $325.00 USD Allotted time: >21 minutes, Up to 45 minutes, Cost: $425.00 USD Allotted time: >45 minutes, Up to 60 minutes, Cost: $550.00 USD Allotted time: >60 minutes, Up to 120 minutes, Cost: $1,100.00 USD

**** Unscheduled Contact with Provider (outside of scheduled appointments OUTSIDE OF REGULAR BUSINESS HOURS (4:01pm Fridays through Tuesday 8:59am, Tuesday 4:01pm until Wednesday 8:59am, Wednesday 4:01pm until Thursday 8:59 am, Thursday 4:01pm until Friday 8:59am, AND INCLUDING ALL FEDERAL HOLIDAYS AND WHILE YOUR PROVIDER IS SCHEDULED OUT OF OFFICE OR ON VACATION.**
Billing code: To be determined based on reason for contact outside of sessions Place of Service: Includes phone calls, emails, text messages, telehealth sessions, in-person contact, coordination of care, and/or reaching out to emergency contact or activating/arranging emergency services or inpatient hospitalization:
Cost during outside of business hours:
Allotted time: > 1 minute, Up to 60 minutes, Cost: $950.00 USD Allotted time: >61 minutes, Up to 120 minutes, Cost: $1,900.00 USD Allotted time: >121 minutes, Up to 180 minutes, Cost: $2,850.00 USD
****PLEASE NOTE THAT INSURANCE COMPANIES WILL NOT REIMBURSE FOR HIGHER FEES ASSOCIATED WITH SESSIONS OCCURRING OUTSIDE OF REGULAR BUSINESS HOURS**

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5. *<u>DIAGNOSIS & FEES:</u>**

Here at NYC PSYCHIATRIC NURSE PRACTITIONER SERVICES, P.C., diagnosls codes (DSM diagnosis codes & ICD diagnosis codes) do not have any impact on fees for services. NYC PSYCHIATRIC NURSE PRACTITIONER SERVICES, P.C. is an exclusively PRIVATE PAY practice that does not participate in any way with any health insurance companies on an IN-NETWORK or OUT-OF-NETWORK basis.

Whether or not you meet criteria for any diagnosis as per the DSM does not change the fees associated with your visits. This may be in contrast to other providers you have seen in different specialties who utilize a different fee schedule based on an individual's diagnosis. Your clinician SUHANA DELEON-SANCHEZ, PMHNP-BC is a board-certified Adult Psychiatric/Mental Health Nurse Practitioner who is qualified to diagnose mental illness and disorders as per DSM criteria. After meeting with you, your clinician may or may not diagnose you with a psychiatric disorder. This will be based on whether, to interview, you meet diagnostic criteria for a disorder, per the DSM criteria. You will not receive a diagnosis until after your diagnostic psychiatric evaluation is completed. If you are a new client you must wait until after your diagnostic evaluation is completed. In most instances your provider will verbally inform you of your diagnosis or diagnoses before your evaluation sessions ends. You will also be able to view your diagnosis once your evaluation documentation is complete and signed in your client portal at: https:// nycpsychiatric.clientsecure.me/ If you are an existing client, your provider has already discussed your diagnosis with you verbally in prior sessions. You can always view and download/print your evaluation and follow up visit documentation notes which include complete details about your diagnosis and associated codes in your client portal at: https://nycpsychiatric.clientsecure.me/ - It is important to note that you will be charged the fees outlined in the provider estimate section above for all sessions with SUHANA DELEON-SANCHEZ, PMHNP-BC irrespective of whether a formal diagnosis is made or which diagnosis you are given. This Good Faith Estimate does not change based on your individual diagnosis or whether you do not meet DSM criteria for a mental health disorder/diagnosis.

6. *<u>INSURANCE & COST OF TREATMENT:</u>**

**If you are insured, you have a right to seek treatment from a psychiatric provider that is IN-NETWORK with your insurance plan. You will likely pay less out of pocket if you seek treatment from an IN-NETWORK practice & provider. You will likely pay substantially more out of pocket if you seek treatment from a provider that is considered OUT-OF-NETWORK or PRIVATE PAY. NYC PSYCHIATRIC NURSE PRACTITIONER SERVICES, P.C., and your provider: SUHANA DELEON-SANCHEZ,

PMHNP-BC are NOT in network with any insurance providers and are STRICTLY PRIVATE PAY ONLY. If you decide to seek treatment at this practice and with this provider, you are doing so with the understanding that you will pay for all services upfront prior to the delivery of services and that this practice/provider will not submit any notices, bills, treatment notes, or other documentation on your behalf to your insurance company. NYC PSYCHIATRIC NURSE PRACTITIONER SERVICES, P.C.

will provide you with a detailed invoice called a "superbill" should you request one. Providing you with a "superbill" in no way is a promise or guarantee that you will be reimbursed in any way or in any amount or percentage by your insurance company for fees paid to NYC PSYCHIATRIC NURSE PRACTITIONER SERVICES, P.C., and/or

your chosen provider: SUHANA DELEON-SANCHEZ, PMHNP-BC for services rendered. If you submit a "superbill" to your insurance company, your insurance company will have the right to request copies of your confidential, sensitive, medical & mental health record from NYC PSYCHIATRIC NURSE PRACTITIONER SERVICES, P.C., and/or your chosen provider: SUHANA DELEON-SANCHEZ, PMHNP-BC. If you request and/or submit a "superbill" to your insurance company for services rendered, you understand that your medical & mental health record may be provided to your insurance company by NYC PSYCHIATRIC NURSE PRACTITIONER SERVICES, P.C., and your provider: SUHANA DELEON-SANCHEZ,

PMHNP-BC. This practice does not directly contract with any insurance companies, and thus, does not follow any required rules imposed by insurance companies on their in-network providers for documentation or treatment of any kind.

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**ANNUAL COST FOR MEDICATION MANAGEMENT SESSIONS- UP TO 20 MINUTE SESSIONS:
- Monthly: ($325.00 USD x 13 sessions/year) = $4,225.00USD
- Every two weeks: ($325.00 USD x 26 sessions/year) = $8,450.00 USD
- Three times per month: ($325.00 USD x 39 sessions/year) = $12,675.00 USD
- Weekly: ($325.00 USD x 52 sessions/year) = $16,900.00 USD

**ANNUAL COST FOR MEDICATION MANAGEMENT SESSIONS, AND/OR COMBINED MEDICATION MANAGEMENT & PSYCHOTHERAPY SESSIONS, AND/OR INDIVIDUAL PSYCHOTHERAPY SESSIONS - UP TO 45 MINUTE SESSIONS:
- Monthly: ($425.00 USD x 13 sessions/year) = $5,525.00 USD
- Every two weeks: ($425.00 USD x 26 sessions/year) = $11,050.00 USD
- Three times per month: ($425.00 USD x 39 sessions/year) = $16,575.00 USD
- Weekly: ($425.00 USD x 52 sessions/year) = $22,100.00 USD

Non-Therapeutic/Other Fees NOT INCLUDED ABOVE:

- Charge Backs - $150.00 USD
- Insufficient funds/Non-Sufficient Funds (NSF) - $150.00 USD
- Documentation Fee / Per form Fee / Letter Fee:
    - $120.00 USD for electronic delivery of basic letters or forms
    - $220.00 USD for mailed hard copy of each basic letter form/letter (includes postage/shipping costs)
    - **FOR MORE DETAILED REPORTS/LETTERS/FORMS PATIENT WILL BE CHARGED FOR CLINICIAN'S TIME AT THE RATE OF $325 PER 20 MINUTES OF TIME TAKEN TO COMPLETE A DETAILED QUESTIONNAIRE/ FORM OR TO DRAFT A DETAILED LETTER.**
- **No Show Fee = Full cost of scheduled session**
- **Late Reschedule or Late Cancellation Fee (Reschedule/Cancellation request received <48 BUSINESS hours prior to scheduled appointment time) = Full cost of scheduled session**
- Request for medication prescriptions outside of scheduled appointment times = $95 per request.
- Fees to print/mail medical records: $0.75 cents per page, plus postage, for paper copies of medical records

****COST FOR COORDINATION OF CARE/CONSULTATION & PRIOR AUTHORIZATION REQUESTS:**
Fees to coordinate care/consult with therapists and/or other healthcare practitioners who are part of the patient's broader healthcare treatment team (including but not limited to Primary Care Providers, GYN providers, Cardiologists, Neurologists, etc), patient's family/friends with signed HIPAA consent (except in certain emergencies), patient's employer/HR department with signed HIPAA consent, claims administrators or practitioners reviewing patient's case to process a claim, patient's health insurance plan, are not included in session fees. Fees for this service will be charged at a rate of **$200 per each 15 minute increment of time spent**. These fees will be charged to the patient's credit card on file at time service is rendered.

**COST OF PRESCRIBED OR RECOMMENDED MEDICATIONS/SUPPLEMENTS:
These estimates DO NOT include the costs of prescription or OTC medications prescribed or recommended by your provider. Costs of medications are separate and not charged by this practice or provider.

**COSTS OF REQUIRED EQUIPMENT:
Your provider may require you to obtain equipment during the treatment process. Examples: Automated blood pressure/heart rate monitor, Blood glucose Monitoring Kit and related supplies, digital scale, etc. Costs of required and recommended equipment are separate and not charged by this practice or provider.

**COSTS ASSOCIATED WITH REQUIRED LABORATORY STUDIES/BLOOD WORK OR DIAGNOSTIC TESTS/ RADIOLOGY:
These estimates DO NOT include the costs associated with obtaining required blood work, laboratory tests, blood work, or other radiology tests or other diagnostic tests recommended or ordered by your provider or this practice. Costs associated with these tests are separate and not charged by this practice or provider.

**COSTS ASSOCIATED WITH OTHER SERVICES YOU ARE REFERRED TO:
These estimates do not include costs you may incur when seeking treatment with other facilities, practices, or providers you are referred to by NYC PSYCHIATRIC NURSE PRACTITIONER SERVICES, P.C., and/or SUHANA DELEON-SANCHEZ,
PMHNP-BC. Examples include but are not limited to: Psychotherapists you are referred to (for individual, group, couples, family, and other forms of psychotherapy), Cardiologists, Primary Care Providers, Radiologists, Sleep studies, Neurologists, and other specialists and/or Diagnostic Services, Etc.

IMPORTANT DISCLAIMERS:

** This Good Faith Estimate does not obligate or require a client to obtain any of the listed services from the practice or provider.

** 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 information provided in the Good Faith Estimate is only an estimate, as actual items, services, or charges may differ.

** 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. The provider may also recommend additional items or services as part of the treatment that are not reflected in the estimate. These would need to be scheduled separately.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.

** 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.

** 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.