

# No Surprises Act - Good Faith Estimate

There is a new federal law in effect as of January 1st, 2022, called the No Surprises Act. It is intended to make sure that anyone receiving health care who is not using insurance is not surprised by unexpected expenses. We are required to provide you with the following information: 1. A general statement about your rights under this law 2. A Good Faith Estimate of the cost of your sessions This law does not change anything about your counseling sessions or how our fees work, but we are required to provide them to you as a healthcare provider. Please sign the Good Faith Estimate document sent here in Simple Practice and let us know if you have any questions.

Effective January 1, 2022, under Section 2799B-6 of the Public Health Service Act, a ruling went into effect called the "No Surprises Act" which requires practitioners to provide a "Good Faith Estimate" about out-of-network care. 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 treatment. The estimate is based on information known at the time the estimate was created.

Services will be rendered at Kim Van Wuffen, LPC-20531 PLLC 3241 E. Shea, Blvd #294 85028

Services are but not limited to: 90791: 60-minute psychiatric diagnostic evaluation 90837: 60-minute psychotherapy 99214: Established patient w/ moderate complexity 90847: Family psychotherapy, conjoint psychotherapy 99354: Prolonged service w/ direct patient contact. The Good Faith Estimate shows the costs of items and services that are reasonably expected for your health care needs for an item or service. Furthermore, it requires an initial diagnosis indicating the reason for therapy. This

diagnosis is only to satisfy the federal requirement for this form, it is not considered a formal psychological diagnosis. As out-of-network providers working from a humanistic model, we typically do not diagnose clients in our care. It is within your rights to decline a diagnosis by state and federal guidelines. Any change or addition of diagnosis/diagnoses upon completion of assessment will not affect Good Faith Estimates in the delivery of psychotherapy and other health care services rendered at Kim Van Wuffen LPC 20531 PLLC A note about diagnosis: we do not typically diagnose clients unless we believe a special diagnosis to be accurate after we have had time to assess and evaluate. Instead of diagnostic codes we typically use Z or F codes which represent general areas of concern to be discussed in therapy. Please speak to your clinician about this if you have more questions. For purposes of this Good Faith Estimate, your initial Service Code will be 90791, Psychiatric Diagnostic Evaluation with your clinician at Kim Van Wuffen, LPC 20531 PLLC, thereafter the standard service code will be, 90837 60-minute Psychotherapy with your clinician current standard rates: Kim Van Wuffen \$135 individuals. To estimate your cost for 12 months, multiply the number of sessions you plan to attend by your clinicians' full fee. Additional Potential Fees: \*\*Cancellation Fee: if you need to cancel your appointment, you must notify your clinician and the office staff a minimum of 24 hours in advance or you will be charged the full session fee. \*\*Legal Fees: testimony related matters including but not limited to case research, report writing, travel, depositions, actual testimony, phone consultations, documentation preparation, cross-examination time, and courtroom waiting time will be billed at \$450/hour, portal-to-portal in

15-minute increments and will be paid prior to time of service or shortly thereafter. We recognize that every client's healing journey is unique. How long you need to engage in therapy and additional health care services and how often you attend sessions will be influenced by many factors including but not limited to: 1. Your schedule and life circumstances 2. Therapist and client availability 3. Ongoing life challenges 4. The nature of your specific challenges and how you address them 5. Whether you experience any kind of crisis that may necessitate increasing frequency or adding in other types or modalities of therapy and additional health care service; such as individual, couple, or family counseling. You and your clinician will continually assess the appropriate frequency of therapy and additional health care services and will work together to determine when you have met your goals and are ready for discharge, or if an increase in services is needed. \*\*Disclaimer: You are entitled to receive this "Good Faith Estimate" of what the charges could be for psychotherapy services provided to you. While it is not possible for a clinician to know, in advance, how many psychotherapy 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 psychotherapy and additional health care 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 Kim Van Wuffen, LPC 20531, PLLC, 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 psychotherapy 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 clinician. You are entitled to disagree with any recommendations made to you concerning your treatment and you may discontinue treatment at any time. This Good Faith Estimate shows the costs of the services that are reasonably expected for your health care needs. The estimate is based on the information known at the time the estimate was created. This 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 or appeal the bill. This Good Faith Estimate is not a contract and therefore does not require you to obtain the times or services provided by Kim Van Wuffen, LPC 20531 PLLC At the foundation of a good health care relationship between client and clinician is the client's right to autonomy and self-determination. Therefore, you have the right to terminate services at any time. If you are billed for more than this Good Faith Estimate, you have a right to dispute the bill. You may contact the above mentioned health care providers at Kim Van Wuffen, PLLC 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 US 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 (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 the 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 <https://www.cms.gov/nosurprises> or call 1-800-985-3059