



CHIME MENTAL HEALTH SERVICES  
COURAGE HAPPINESS INTEGRITY MINDFULNESS EMPATHY

## Good Faith Estimate

In 2022, Congress introduced the No Surprises Act, a bill that brings new billing protections for consumers. This summary, sourced from [www.cms.gov](http://www.cms.gov), will guide you through the key aspects of the bill and its impact on your mental health treatment billing with this agency.

*From January 1, 2022, the No Surprises Act will provide consumers with enhanced billing protections. These protections extend to emergency care, non-emergency care from [out-of-network providers](#) at [in-network](#) facilities, and air ambulance services from out-of-network providers. The new rules, designed to safeguard consumers, will limit excessive out-of-pocket costs and ensure that emergency services are covered without prior authorization, regardless of the provider or facility's network status.*

*Currently, if consumers have health coverage and get care from an out-of-network provider, their health plan usually won't cover the entire out-of-network cost. This could leave them with higher costs than if they'd been seen by an in-network provider. This is especially common in an emergency situation, where consumers might not be able to choose the provider. Even if a consumer goes to an in-network hospital, they might get care from out-of-network providers at that facility.*

*In many cases, today, the out-of-network provider can bill consumers for the difference between the charges the provider bills and the amount paid by the consumer's health plan. This is known as [balance billing](#). An unexpected balance bill is called a surprise bill.*

*The Consolidated Appropriations Act of 2021 was enacted on December 27, 2020 and contains many provisions to help protect consumers from surprise bills starting in 2022, including the No Surprises Act under title I and Transparency under title II. Learn more about [protections for consumers](#), [understanding costs in advance](#) to avoid surprise bills, and what happens when [payment disagreements](#) arise after receiving medical care.*

You are entitled to receive this “Good Faith Estimate” of the charges for psychotherapy services provided to you. While it is impossible for a psychotherapist to know, in advance, how many psychotherapy sessions may be necessary or appropriate for a given person, this form estimates the cost of services provided. Your total cost of services will depend upon the number of psychotherapy sessions you attend, your 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 provider(s) listed, nor does it include any services rendered to you 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 appropriate visits and the estimated cost for those services depends on your needs and what you agree to in consultation with your therapist. You are entitled to disagree with any recommendations concerning your treatment and may discontinue treatment at any time.

The fee for a 60-minute psychotherapy intake (in-person or telehealth) is \$250.00. The fee for a 50-minute psychotherapy visit (in-person or via telehealth) is \$150.00. These amounts are standard, but we understand that each individual's financial situation is unique. Therefore, the clinician and you may decide on another fee, which will be agreed upon before the intake and included in the financial form given to fill out, ensuring that your financial needs are accommodated.

Most clients will attend one psychotherapy visit per week, but the frequency of psychotherapy visits that are appropriate in your case may be more or less than once per week, depending upon your needs.

Number of Weeks	Total estimated charges for 1 session per week	Total estimated charges for 2 sessions per week
1 Week of Service	\$150	\$300
13 Weeks of Service (Approx. 3 Months)	\$1950	\$3900
26 Weeks of Service (Approx. 6 months)	\$3900	\$7800
39 Weeks of Service (Approx. 9 months)	\$5850	\$11700
52 Weeks of Service (Approx. 12 Months)	\$7800	\$15600

You have a right to initiate a dispute resolution process if the amount charged substantially exceeds the estimated charges stated in your Good Faith Estimate (which means \$400 or more beyond the estimated charges).

You are encouraged to speak with your provider at any time about any questions regarding your treatment plan or the information provided in this Good Faith Estimate.