Pediatric Occupational Therapy

Devon Hathaway, OTR/L

6318 Mossway Baltimore, Maryland 21212 443-801-4323

NO SURPRISE ACT

Good Faith Estimate Notice

Notice to clients and prospective clients:

Under the law, health care providers need to give clients who don't have insurance or who are not using insurance an estimate of the expected charges for medical services, including occupational therapy services.
You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency healthcare services, including occupational therapy services.
You can ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule a service, or at any time during treatment.
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 or picture of your Good Faith Estimate.
For questions or more information about your right to a Good Faith Estimate, or how to dispute a bill, see your Estimate, or visit www.cms.gov/nosurprises.You are entitled to receive this "Good Faith Estimate" of what the charges could be for occupational therapy services provided to you. While it is not possible for an occupational therapist to know, in advance, how many occupational therapy 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 occupational therapy 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 provider(s) listed, nor does it include any services that may be recommended during treatment 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 occupational

therapy 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 therapist. You are entitled to disagree with any recommendations made to you concerning your treatment and you may discontinue treatment at any time.

The fee for a 45-minute occupational therapy visit is $105. Sessions that are longer than 60 minutes will be charged based on the previous rate of $105 for 45 minutes. Most clients will attend one occupational therapy visit per week, or every two weeks, but the frequency of occupational therapy visits that are appropriate in your case may be more or less than this, depending upon your needs. Based on this per visit fee cited above, the following are expected charges of occupational therapy services.

Number of Weeks Total estimated charges for 1 session per week
1 Week of Service $105
13 Weeks of Service (Approx. 3 Months) $1365
26 Weeks of Service (Approx. 6 months) $2730
39 Weeks of Service (Approx. 9 months) $4095
52 Weeks of Service (Approx. 12 Months) $5460

Additional fees worth noting:

- Late cancellations or no shows will be charged $50 per occurrence.
- Phone calls outside of session that extend beyond 15 minutes will be charged as $35 for 20 minutes, $70 for 30 minutes, $105 for 45 minutes, and $140 dollars for anything beyond an hour.

You have a right to dispute a bill if the actual amount charged to you substantially exceeds the estimated charges stated in your Good Faith Estimate (which means $400 or more beyond the estimated charges). Initiating the dispute process will not adversely affect the quality of services rendered to you. 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, 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. 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.

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

By signing, I give up my federal consumer protections and agree to pay for out-of-network care.
With my signature, I acknowledge that I am consenting of my own free will and am not being coerced or pressured. I also understand that:

- I'm giving up some consumer billing protections under federal law.
- I may get a bill for the full charges for these items and services or have to pay out-of-network cost-sharing under my health plan.
- I was given a written notice, explaining that my provider or facility isn't in my health plan's network, the estimated cost of services, and what I may owe if I agree to be treated by this provider or facility.
- I got the notice either on paper or electronically, consistent with my choice.
- I fully and completely understand that some or all amounts I pay might not count toward my health plan's deductible or out-of-pocket limit.
- I can end this agreement by notifying the provider or facility in writing before getting services.

IMPORTANT: You do not have to sign this form, but if you do not sign, this provider might not treat you. You can choose to get care from a provider or facility in your health plan's network

Diagnosis/ICD/10 Code: R62.50, R27.0, R27.9
Fee for Treatment Service: $105 per 45 minute session
Provider Name and License Number:
Devon Hathaway, OTR/L License # 04272
EIN # 26-2234515
CPT Codes and Unit of Time:
97129 = 1 unit (15 minutes) $35
97130 = 1 unit (15 minutes) $35
97130 = 1 unit (15 minutes) $35

Signature: _____ Date: _____