GOOD FAITH ESTIMATE FORM required by US government's "No Surprises Act 2022"

For OUT-OF-NETWORK OR SELF-PAY PATIENTS.

Under Section 2799B-6 of the Public Health Service Act, health care providers and health care facilities are required to provide a good faith estimate of expected charges for items and services to individuals who are not enrolled in a plan or coverage or a Federal health care program, or not seeking to file a claim with their plan or coverage both orally and in writing, upon request or at the time of scheduling health care items and services. You have the right to be informed of the cost of services requested and provided.

Therapist: _____ License #: _____ NPI#: _____

Patient Name: _____ Date of Birth: ____/_____/_____

Patient Mailing Address: _____

_____

Preferred Phone Number: _____ Email Address: _____

Patient's Contact Preference: [ ] By mail [ ] By LFH Patient Portal [ ] By phone

Service/s Requested: [ ]Initial Eval [ ]Couple's therapy [ ]Ind Therapy 55 min

[ ]Ind Therapy 45 min [ ] Blend of Couple's / Ind appts according to Tx plan

[ ] Family Therapy [ ] EFT Couple's Intensive

Diagnosis: To be determined or F65-5 Unspecified Issue.

Date of Initial Appt: _____ [ ]Check this box if appointments are not yet scheduled

Date of Good Faith Estimate: _____/_____/_____

Fees for Mental/ Relational Health Therapy with Rebecca E. Clark, LMFT.

Codes/ Psychotherapy/ Rates		Rebecca Clark, LMFT. Jan 2022-2023	
90791	all	Initial Evaluation:	$____, 55-60 min
90847	Couples / Family	Psychotherapy:	$_____, 50-55 min
90837	Individual	Psychotherapy:	$____, 50-55 min
90834	Individual	Psychotherapy:	$_____, 45 min
EFT 2+ day intensives:		$4,100	Not billable to insurance

* These rates may be subject to change over time. Should these rates change, current patients will receive written and verbal notification eight weeks in advance.

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Collaborative consultation/ Transfer Summaries: If you transfer to another therapist, I will provide a phone consultation/ summary to your new therapist, if desired, free of charge. If you are in individual therapy while we are doing couples counseling, I will provide collaborative consultations with your individual therapist as needed, free of charge.

Length of Treatment: Because each individual, couple, and family is unique, I cannot ethically make a prediction as to the length of treatment or number of sessions. We will regularly check in about goals, progress, and my best recommendation for frequency of sessions as we work towards your desired outcome.

OMB# and Expiration date: US HHS OMB Control Number: 1210-0169.

This notice expires one year from signature and will be updated annually as needed.

By signing this form, I_____, I acknowledge I have received the fee schedule for therapy services with Rebecca E. Clark, LMFT at Lifespan Family Healthcare. I understand that since every patient has different needs, histories, and diagnoses, as well as insurance benefits, it is not possible to estimate the total cost or number of sessions needed. I understand that these fees are charged per session. The number sessions will depend on the patient's (individual, couple, or family) needs, goals, and complexities.

Patient signature: _____**Date:** _____

Printed name here: _____

Additional signatures and print if couple's or family therapy: _____

_____

Therapist signature: _____

You have a right to initiate a dispute resolution process if the actual amount charged to you substantially exceeds the estimated charges stated in your Good Faith Estimate. **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.**

There is a $25 fee to use the dispute process via US Health and Human Services. 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 1-877-696-6775.