

Good Faith Estimate

Under Section 2799B-6 of the Public Health Service Act, the “No Surprises Act,” you have a right to receive a “good faith estimate” explaining how much your therapy services will cost. **Healthcare providers are required to provide clients who do not have insurance or who choose not to use their insurance for therapy services with an estimate of the cost of those services.** If you receive a bill more than \$400 over your estimated costs, you have the right to dispute the charges. For questions or information about your rights visit www.cms.gov/nosurprises.

The amount of treatment required varies on diagnosis and length of symptoms. The following is a list of anticipated annual fees based on the psychotherapy services we provide. The annual estimated cost for weekly individual therapy sessions equals \$125 X 50 sessions (accounting for vacation and holidays) for an estimated total of \$6250. This does not include no show/late fees, after hours fees, bank charges, court/litigation fees or non-therapeutic fees.

If you end up without insurance benefits and your submitted claim is denied by the insurance company, my full rate self-pay fee is \$125. You may access www.psychologytoday.com for insurance referrals should you need to terminate and find a different in-network therapist.