

No Surprises Act/Good Faith Estimate for Psychological Services

Effective January 2022, the No Surprises Act was passed to protect consumers from “surprise” medical bills from healthcare providers. The purpose is to prohibit an out-of-network provider from charging, without the patient’s prior agreement, their rates for treatment. The Act requires that healthcare facilities and individual healthcare providers furnish a Good Faith Estimate (GFE) of the likely costs of a proposed treatment prior to the self-pay patient’s receiving that service.

We are an in-network (BCBS) and self-pay psychological practice, meaning that we do participate with insurance and accept private pay. We receive payment directly from clients and in-network insurance providers. We do accept payment directly from insurance company (BCBS) and will submit any documents on behalf of BCBS insurance clients. We collect copays and or deductibles directly from clients at the time of service.

This law requires that we provide a Good Faith Estimate of what we believe the cost of treatment will entail for private pay clients. In terms of providing an estimate regarding the length of treatment, that is difficult to do as precisely as we would like, as we cannot guarantee how a client will respond to the therapy, how long it will take for the treatment to work, or additional presenting concerns that may arise during the course of therapy that become additional treatment goals, therefore extending the length of treatment. With that said, the average course of treatment in our practice is 6-12 months; occasionally it is shorter, and many times it is longer. For example, we have clients who have been attending therapy for years as they continue to benefit from the treatment and/or value the supportive relationship that therapy provides. Clients attend therapy on their own will and we attempt to make the costs of sessions and other charges as clear as possible at the onset of the treatment. Below is a summary of the way we charge for sessions, collaborative care (e.g., phone calls with treating psychiatrists), letters, and so on. If you have any questions about a particular charge, you are encouraged to ask the clinician.

Service	Service Code	Fee
Initial Intake Evaluation	90791, 90791-95	\$250
60-minute session	90837, 90837-95	\$225
45-minute session	90834, 90834-95, 90846, 90846-95	\$175
45-minute session (BZ)	90834, 90834-95, 90846, 90846-95	\$185
30-minute session	90832, 90832-95	\$145
>15-minute phone call	99911	Pro-rated based on time, But \$65 minimum
Requested letters, forms	77770, 77775	Pro-rated based on time, but \$80 minimum

** Our fees increase by no more than \$10 every 1-2 years (usually every 2 years).

We require fees to be paid at the time of service by credit card (unless a special-circumstances arrangement has been made with the clinician to pay for multiple sessions by check).

We have a 48-hour cancellation policy and charge for all appointments that are not canceled more than 48 hours in advance of the scheduled appointment.

Please note that we, unfortunately, do not offer reduced rates or sliding scale fees. Our fees are set as reflected above.

To clarify our policy about phone calls, we charge for calls that are 15 minutes or longer, meaning that if you and the clinician are on a call that lasts 15 minutes (or longer), you are charged for the entire call. Calls that are less than 15 minutes do not incur a fee. If your clinician is on a collaborative call for example, with a school, attorney, a psychiatrist, or other treating clinician, and that call lasts 15 minutes (or longer), you will be charged for the entire call. Similarly, if we are asked to write a letter (for example, as part of request for accommodations or school admissions), we charge a minimum \$80 fee, though it may be more depending on the time spend on the letter or forms requested (this will be pro-rated). At any time, if you have questions about our fees, please discuss these with the clinician.

We recommend weekly sessions until progress is made. However, you and the clinician should discuss any concerns you have about the affordability of therapy. If you have financial concerns, you and the clinician can decide upon shorter sessions (for example, 30-minute sessions) and/or meeting less frequently (for example, every other week or every three weeks). In this case, the clinician may suggest more therapy homework to do in between sessions to ensure that the work continues to progress. At any time, you can choose to discontinue treatment.

Good Faith Estimate

CLIENT INFORMATION:

Client:

DOB:

Diagnosis Code:

Parent/guardian name if client is a minor:

Street:

City, State, Zip:

Phone number:

Provider:

Provider License:

National Provider Identifier (NPI):

PROVIDER INFORMATION:

Provider Name: Francis & Associates, P.C.

Provider/ facility type: Private Practice

Street address: 6710 Oxon Hill Road, Suite 210

City: National Harbor

State: Maryland

Zip code: 20745

Contact person: Dr. Juliet Francis

Phone: 202-847-7076

National Provider Identifier (NPI): 1235294265

PROVIDER ESTIMATE

Date of Good Faith Estimate: _____

The following is a detailed list of expected charges. The estimated costs are valid for 12 months from the date of the Good Faith Estimate.

1. Service/item: Initial Intake Evaluation (service code: 90791, 90791-95).
Quantity: 1
Address where service will be provided: via Telehealth (on Thera-Link)
Expected cost: \$225 for 60 minutes; \$250 for 75 minutes.
2. Service/item: Individual and/or family psychotherapy (see service code above)
Quantity: 1-104
Address where service will be provided: via Telehealth (on Thera-Link)
Expected cost: \$225 - \$24,700

Total estimated costs for 12 months:

At \$175-185/45-minute session and \$225/hour, in addition to the 75-minute Initial Intake Assessment of \$250 the estimated costs are between \$225- \$24,700 (the high end of this range reflects someone who attends two 60-minute-long session per week for the entire year). The estimate of costs will depend on the number of sessions clients schedule with the fee based on the hourly rate. The majority of clients attend once-a-week 60-minute sessions.

Weekly sessions are typically recommended until progress is noted toward treatment goals. Treatment is most effective when the client attends weekly sessions. Once progress is made, a decrease in session frequency to every two weeks is often recommended. Once all treatment goals have been met, a further decrease to monthly maintenance sessions is often recommended to ensure progress is maintained. Oftentimes, after several months of maintenance sessions, clients either graduate from therapy or continue to meet periodically. Everyone progresses at a different pace. Finally, clients often request or benefit from additional sessions when in crisis or during periods of high stress.

DISCLAIMERS

This Good Faith Estimate shows the costs of services that are reasonably expected for the expected services to address your mental health care needs. The estimate is based on information known at the time the estimate was created, and actual items, services, or charges may be different from the Good Faith Estimate. The 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. There may be additional services the provider recommends as part of the course of care that must be scheduled or requested separately and are not reflected in the good faith estimate. If the actual billed charges are substantially in excess of the expected charges included in the Good Faith Estimate, you have the right to dispute the bill. 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 and agrees with the health care provider or facility, you will have to pay the higher amount. For answers to questions, to obtain more information about your right to a Good Faith Estimate or the dispute process, or to receive a form to start the process, visit www.cms.gov/nosurprises or call 1-800-985-3059. 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.

The Good Faith Estimate is not a contract and does not require the private-pay (or uninsured) individual to obtain the items or services from any of the providers identified in the good faith estimate.

Provider

Juliet Francis, Psy.D., Licensed Psychologist

DATE