



GOOD FAITH ESTIMATE (GFE)

“No Surprises Act” and the GFE.

Under Section 2799B-6 of the public health services act, health care providers and health care facilities are required to inform 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 of their ability, upon request or at the time of scheduling health care items and services, to receive a “good faith estimate” of expected charges.

Note: the PHSA and the GFE does not apply currently to any clients who are using insurance benefits including out of network benefits (seeking reimbursement from your insurance companies).

You have the right to receive a “GFE” explaining how much your medical care may cost.

Under the law, healthcare providers need to give patients who do not have insurance or who are not using insurance an estimate of the bill for medical items and services.

- You have the right to receive a GFE for the total expected cost of any non-emergency items or services. This includes relate costs like medical tests, prescription drugs, equipment, and hospital fees.
- Make sure your health care provider gives you a GFE in writing before your medical service or item. You can also ask your health care provider, and any other provider you choose, for a GFE before you schedule an item or service.
- If you receive a bill that is at least \$400 more than your GFE, you can dispute the bill.
- Make sure to save a copy or picture of your GFE.

For questions or more information about your right a GFE visit: www.cms.gov/nosurprises or call (800) 368-1019

Disclaimer

This GFE shows the costs of items and services that are reasonably expected for your health care needs for an item or service. The estimate is based on information known at the time the estimate was created.

The GFE does not include any unknown or unexpected costs that may arise during treatment. You could be charged more if complications or special circumstances occur. If this happens, federal law allows you to dispute (appeal) the bill. If you are billed for more than this GFE, 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 GFE. You can ask them to update the bill to match the GFE, 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

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 GFE. 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 (800) 368-1019

NOTE ABOUT ESTIMATES RELATED TO PSYCHOTHERAPY

Because everyone comes to therapy with different concerns and experiences that are unique to them, making an estimate about the costs of psychotherapy is complex. Individuals, couples, and group members also respond to treatment in different ways and have various psychological factors that may change or lengthen the course of therapy. How long and how often you meet with your therapist may also be impacted by additional factors such as your schedule, life adjustments, and personal matters. Some clients choose to seek therapy more long term and consider therapy an important and foundational aspect of their lives, while others seek out services to help address a single concern and choose to discontinue therapy when that issue has resolved. You always have the efficacy and determination to choose to terminate your therapy at any time. There is the potential throughout the course of treatment that we may find that we need to meet with more frequency (for example, moving from biweekly appointments to weekly appointments and may move back to biweekly appointments once the issue of concerns is more stabilized for example).

Our psychotherapy GFE provides an estimate of what services will cost over a 12-month period. The GFE also does not include any potential costs listed in the above paragraph pertaining to services that maybe scheduled outside the cadence of regular therapy. We are also unable to provide an estimate on the length of treatment or a diagnosis before meeting with a potential client.

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The following is a detailed list of expected charges. The estimated costs are valid for 12 months from the date of the GFE. Please note that this is only an estimate.

The fees below are related to psychotherapy services only, any additional duties that may include report writing, consultation, coordinating of care, or other services are not included in this estimate, and you may discuss these fees with your therapists at any time.

Individual rate: \$150 per session.

Couple rate: \$175 per session

Group rate: \$50 per session.

DATE OF GFE _____

CLIENT NAME _____

CLIENT SIGNATURE _____

COMMON SERVICES PROVIDED:

90837 Individual Psychotherapy
90847 Family/Couples Psychotherapy
90835 Group Therapy

*Please check the frequency at which you are anticipating meeting for therapy below:

(Estimate is for a 12 month period):

- ☐ Weekly Individual Sessions (50 sessions) \$7500
- ☐ Every other week Individual Sessions (25 sessions) \$3750
- ☐ Weekly Couple Sessions (50 sessions) \$8750
- ☐ Every other week Couple Sessions (25 sessions) \$4375
- ☐ Weekly Group Sessions (50 sessions) \$2500
- ☐ Every other week Group Sessions (25 sessions) \$1250

By signing below, you understand and agree to receive services from Louis Laves-Webb, LCSW, LPC-S & Associates. You also understand that the Louis Laves-Webb, LCSW, LPC-S & Associates:

- Is accepting you as a private pay only client and you will be directly and solely liable for all costs incurred through your treatment.
- No insurance will be accepted as a method of payment
- No insurance will be billed for services and all service costs are the complete responsible of the client.

Again, please note that these are only YEARLY estimates and not the final overall charges.

Client Name: _____

Client Signature: _____

Date: _____

Provider Signature: _____