

## Good Faith Estimate: Licensed Clinicians 11/12/2022

**Full Name and Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

*You have the right to receive a “Good Faith Estimate” explaining how much your medical care will cost. Under the law, health care providers need to give patients who don’t 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 Good Faith Estimate for the total expected cost of any non-emergency items or services. This includes related costs like medical tests, prescription drugs, equipment, and hospital fees. • Make sure your health care provider gives you a Good Faith Estimate in writing at least 1 business day before your medical service or item. You can also ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule an item or service. • 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, visit [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) or call 415-326-6354.*

*The following information is a detailed list of charges for services one can expect to receive with Sarah Foxfire. The estimated costs are valid for 12 months from the date of the Good Faith Estimate.*

### *Individual Sessions*

*90791\$375Intake 80 minutes*

*90791 \$252 Intake 50 minutes*

*90832\$126Individual session - 16-37 minutes (billed at 30 minutes)*

*90834\$210Individual session - 38-52 minutes (billed at 50 mins)*

*90837\$252Individual session - 53-60 minutes (billed at 60 mins)*

*90785\$42Interactive complexity - this is an add-on code (added to another CPT code) (billed at 10 min units)*

*90846\$210Therapy without patient present - 50 minutes*

*90847\$210Family therapy with patient present - 50 minutes*

### *Longer Sessions*

*99354\$126an additional 30 minutes*

*99355\$126another additional 30 minutes*

*The above two codes are used in conjunction with 90837:*

*If you see a client for 90 minutes, you would use 90837 and 99354.*

*If you see a client for 120 minutes, you would use 90837 and 99354 and 99355.*

### *Consultation*

99245\$63 Consultation - 15 minutes  
90885\$42 Reading reports- 10 minutes  
90889\$42 Writing reports- 10 minutes  
98969\$42 Reading/answering email- 10 minutes  
*Longer Sessions*  
99354 \$126 An additional 30 minutes  
99355 \$126 Another additional 30 minutes  
99348 \$420 Home Visit or School Visit -60 minutes minimum  
90840 \$126 Additional Crisis Therapy-30 minutes  
99236 \$340 Observation or inpatient care for eval and management of patient Consultation  
99245 \$63 Consultation - 15 minutes  
90885 \$42 Reading reports- 10 minutes  
90889 \$42 Writing reports- 10 minutes  
98969 \$42 Reading/answering email- 10 minutes  
99348 \$420 Home Visit or School Visit -60 minutes minimum  
90840 \$126 Additional Crisis Therapy-30 minutes  
90885 \$42 Psych evaluation of records, reports, etc for diagnostic purposes 10 mins

*With Sarah Foxfire you can expect to have a one time 80 minute intake session costing \$378. You or your child will also have weekly individual or family sessions for the duration of your treatment. If you have a teen being seen at the practice you can expect to also be seen for parent sessions at least every 4 months, but maybe more per your request or your clinicians. For weekly therapy appointments you can expect to pay \$840 per month. Short term therapy is typically about 3 months in length. Three months of therapy would be an estimate of \$2520. Six months of weekly therapy would be an estimate of \$5,040. One year of weekly therapy with one parent session per month would be an estimate of \$10,080. Depending on the severity of your diagnosis and therapeutic needs, estimates for services can be more if there are add on services such as consultations with other providers, school or home visits, evaluations of records and reports, reading and answering emails or phone calls, writing written reports, observation for inpatient care, crisis sessions, or longer sessions as needed.*

*Disclaimer: This Good Faith Estimate 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, and does not include any unknown or unexpected costs that may arise during treatment. If you are billed for more than this Good Faith Estimate, you have the right to dispute the bill. Throughout your treatment, the provider may recommend additional items or services as part of your treatment that are not reflected in this estimate. These would need to be scheduled separately with your consent and the understanding that any additional service costs are in addition to the Good Faith Estimate. If your needs change during treatment, your provider should supply a new, updated Good Faith Estimate to reflect the changes to treatment, and the accompanying cost changes. 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. The Good Faith Estimate is not a*

*contract between provider and client and does not obligate or require the client to obtain any of the listed services from the provider. 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. To learn more and get a form to start the process, go to [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) or call HHS at (800) 985-3059. For questions or more information about your right to a Good Faith Estimate or the dispute process, visit [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) or call (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.*

**I have read and consent to the above.**

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**Today's Date**