



GOOD FAITH ESTIMATE

On January 1, 2022, a ruling went into effect called the “No Surprises Act” which requires health care providers to render a “Good Faith Estimate” (GFE) for private pay care (those who are not using insurance nor will seek reimbursement from insurance). The Good Faith Estimate works to show the cost of items and services that are reasonably expected for your health care needs. The estimate is based on information known at the time it is created and is good until January 1 of the following year. 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 and will be provided a new “Good Faith Estimate” should this occur. If this happens, federal law allows you to dispute (appeal) the bill if you and your therapist have not previously talked about the charge and you have not been given an updated good faith estimate.

Under Section 2799B-6 of the Public Health Service Act (PHSA), 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.

Timeline requirements: Practitioners are required to provide a good faith estimate of expected charges for a scheduled or requested service, including items or services that are reasonably expected to be provided in conjunction with such scheduled or requested item or service. The estimate must be provided within the following specified timeframes:

- 1. If the service is scheduled at least three business days before the appointment date, no later than one business day after the date of scheduling;**
- 2. If the service is scheduled at least 10 business days before the appointment date, no later than three business days after the date of scheduling, or;**
- 3. If the uninsured or self-pay patient requests a good faith estimate, without scheduling the service, no later than three business days after the date of the request. A new good faith**

DAY ONE COUNSELING

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estimate must be provided, within the specified timeframes if the patient reschedules the requested item or service.

While it is not possible for a psychotherapist to know, in advance, how many psychotherapy sessions may be necessary or appropriate for a given person, this form provides an estimate of the cost of services provided. Your total cost of services will depend upon the number of psychotherapy sessions you attend, your individual needs and circumstances, and the type and amount of services that are provided to you. This estimate is NOT A CONTRACT and does not obligate you to obtain any services from the provider listed, nor does it include any services rendered to you that are not identified here. This Good Faith Estimate is based on the assumption that outpatient therapy services are the appropriate level of care needed. If it is discovered at the initial intake that a higher level of care is needed, this GFE and all of its content is null and void.

Common Services provided by Rebekah H. Hsieh, MA LPCC | Day One Counseling are the following:

90791: Initial psychotherapy intake (55-60 minutes) with a fee of \$195
90837: Individual psychotherapy (53+ minutes) with a fee of \$195
90847: Family/Couples psychotherapy (50 minutes) with a fee of \$195
90846: Family Therapy without Client (50 minutes) with a fee of \$195
90832: Psychotherapy (30 minute) with a fee of \$97.50

Your diagnosis for the purpose of the Good Faith Estimate is Z71.9 (Counseling, unspecified). This diagnosis is only to satisfy the federal requirement for this form. This is not a formal psychological diagnosis. A formal diagnosis occurs after an assessment has been completed and will take place 1-5 sessions after beginning psychotherapy. If you choose to decline a formal diagnosis, we will not update this GFE. It is within your rights to decline a diagnosis per state and federal guidelines.

Day One Counseling recognizes every client's therapy journey is unique. How long you need to engage in therapy and how often you attend sessions will be influenced by many factors including but not limited to the following:

Your schedule and life circumstances
Therapist availability
Ongoing life challenges
Personal finances

You and your therapist will work collaboratively to assess the appropriate frequency of therapy, determine when you have met your goals and are ready for discharge. A new "Good Faith Estimate" will be issued should your needs change.

Where services will be delivered:

Day One Counseling provides therapy through Telehealth. Telehealth sessions are provided through Simple Practice, a HIPAA compliant website.

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Good Faith Estimate Disclaimer:

This Good Faith Estimate is not intended to serve as a recommendation for treatment or a prediction that you may need to attend a specified number of psychotherapy visits. The number of visits that are appropriate in your case, and the estimated cost for those services, depends on your needs and what you and your therapist agree to in consultation. You are entitled to disagree with any recommendations made to you concerning your treatment and you may discontinue treatment at any time.

This Good Faith Estimate shows the costs of items and services that are reasonably expected for your health care needs. 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. 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 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 of this Good Faith Estimate. If the agent 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, visit **www.cms.gov/nosurprises** or call 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** or call 800-985-3059. Keep a copy of this Good Faith Estimate in a safe place or take a picture of it. You may need it if you are billed a higher amount.

Provider Information:

Rebekah H. Hsieh, LPCC | Day One Counseling

NPI: 1134774904

TAX ID: 87-1733768

Email: rebekah@dayonecounseling.com

Phone #: 619.289.7078

Client Full Name _____

Client Date of Birth _____

Today's Date _____

*This document is a Good Faith Estimate and is not intended to be a contract. You are under no obligation to pursue any further relationship with this therapist.

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