



## Good Faith Estimate

### **Client Information**

**Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Parent/Legal Guardian Name if Client is a Minor:**

\_\_\_\_\_

### **Provider Information**

**Provider Name:**

Organization: Achieve Family Therapy

Facility NPI: 1609319888

Facility Tax ID: 81-2720371

Email: info@achievetfamilytherapy.com

Phone: 801-890-5151

### **Overview**

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 an insurance plan or coverage or a Federal health care program, or not seeking to file a claim with their insurance 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” (GFE) 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 (i.e., seeking reimbursement from your insurance company).

### **Common Services Provided at Achieve Family Therapy**

- 90791: Initial therapy intake appointment - \$215
- 90837: 53-minute therapy follow-up appointment- \$195
- 90834: 45-minute therapy follow-up appointment- \$155
- 90846: 53-minute therapy follow-up family therapy appointment client not present \$195
- 90847: 53-minute therapy follow-up family therapy appointment w/ client present \$195
- 90853: 45-minute group therapy appointment-\$45
- 90839: 60-minute Crisis Session therapy appointment-\$215
- No Show Fee-\$75
- Note: Neurofeedback services offered by our clinic do not apply as they cannot be covered by health insurance plans.

**Common Diagnosis Codes Related to Therapy Services** (Service rates do not vary depending on diagnostic codes. You may discuss your diagnoses, if applicable, with your provider at any time).

- F32: Major Depressive Disorder
- F41.1: Generalized Anxiety Disorder
- F43.1: Post-Traumatic Stress Disorder
- F3.21/F43.22: Adjustment Disorder
- Z63.0: Partner Relational Problem

### **Where Services Will be Rendered**

- Online, using a private and secure telehealth platform (Zoom, Psychology Today)
- In office: 11075 S State Street, BLDG 3, Suite 104, Sandy, Utah 84070

### **Frequency and Duration of Services**

The frequency and duration of your therapy services at Achieve Family Therapy will depend on a number of factors including your availability and your response to interventions. Most individuals we see engage in weekly 1-hour (53-minute) sessions for at least 6-12 months, with some exceptions throughout the year due to holidays, scheduling conflicts, etc. Ordinarily, as progress is made, sessions taper from weekly, to every other week to monthly until termination. Thus, this estimate is based on averages. You will see the estimated total cost of services outline below for 25-48 sessions. If the frequency or duration of your course of therapy significantly deviates from this norm, you will be provided with an updated Good Faith Estimate as soon as that information is determined by your therapist and/or yourself.

### **Estimated Costs of Services for Self-Pay with a Therapist**

- Initial Intake: \$215

- Follow up appointments (53-minutes): \$195 x 25-48 sessions = \$4,875 - \$9,360
- Total estimated cost for 6-12 months of therapy, self-pay: \$4,875 – \$9,360

### **Disclaimers & Your Rights**

- The information provided in this Good Faith Estimate is only an estimate and that actual items, services, or charges may differ from the good faith estimate.
- You as a patient have the right to initiate a patient-provider dispute resolution process if the actual billed charges substantially exceed the expected charges included in the good faith estimate.
- 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.
- The Good Faith Estimate is not a contract and does not require any individual to obtain the items or services from any of the providers or facilities identified in the Good Faith Estimate.
- If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill.

Additional notes regarding mental health care services:

While I do my best to determine the expected length of your treatment, there of course will be fluctuations to this, as noted above due to vacations, sick-time, cancellations, and the course of therapy. The estimate is based on information known at the time the estimate was created. 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.

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 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) 368-1019. 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 understand that if I have health insurance, and the services I am receiving from this Provider are a covered benefit under my health insurance plan, that I may receive services at an "in-network" provider/facility at a reduced rate.**

By signing below I attest that I have received a copy of my Good Faith Estimate (GFE).

**Client Signature** \_\_\_\_\_

**Client Signature** \_\_\_\_\_

**Therapist Signature:** \_\_\_\_\_