

Carter Counseling & Coaching, PLLC

Good Faith Estimate (No Surprises Act) Policy

Effective January 1, 2022, a ruling went into effect called the “No Surprises Act,” which requires mental health practitioners to provide a “Good Faith Estimate” (GFE) about **out-of-network care to any client who is uninsured or who is insured but does not plan to use their insurance benefits to pay for health care items and/or services**.

The Good Faith Estimate works to show the cost of items and services that are reasonably expected for your mental health care. 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 are entitled to receive this “Good Faith Estimate” of what the charges could be for psychotherapy services provided to you. 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 upon the initiation of psychotherapy, 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 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.

Good Faith Estimate

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 agree to in consultation with your therapist. You are entitled to disagree with any recommendations made to you concerning your treatment and you may discontinue treatment at any time.

Effective January 1, 2025, my fee schedule is as follows:

Psychiatric Diagnostic Evaluation	\$210.00
Individual Psychotherapy Session (60 minutes)	\$135.00
Individual Psychotherapy Session (45 minutes)	\$105.00
Individual Psychotherapy Session (30 minutes)	\$95.00
Group Psychotherapy (per participant)	\$50.00-\$75.00

It is also important, when determining your total estimate, to take into consideration the frequency of your sessions (weekly, bi-weekly, two times per month, etc.) vacations, holidays, emergencies, and sick time. You may project any potential future cost(s) by multiplying the session fee of by the total number of sessions each week. This will result in your total estimated cost for mental health service(s).

As an example, \$135 session fee X 4 sessions/month =\$540/month.

If you attend therapy for a shorter or longer period, your total estimated charges will decrease or increase according to the number of visits and length of treatment.

You and your therapist will continually assess the appropriate frequency of therapy and will work together to determine when you have met your goals and are ready for discharge and/ or a new “Good Faith Estimate” will be issued should the frequency of session(s) or needs change. As related, you may request a new GFE at any time in writing during your treatment.

Good Faith Estimate 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. Your provider may recommend additional services that are not reflected in this Good Faith Estimate.

The Good Faith Estimate is only an estimate—actual items/service charges may differ. The Good Faith Estimate does not include any unknown or unanticipated costs that may arise and are not reasonably expected during treatment due to unforeseen events. You could be charged more if complications or special circumstances occur. Other potential items and/ or services associated with therapy charges may include but are not limited to no show/late cancellation fee(s), record request(s), letter writing(s), legal fee(s)/court attendance(s), professional collaboration(s), and in-between session supports. These potential items/services and associated fee(s) are discussed further within the Informed Consent documentation and should these items/services be initiated a new Good Faith Estimate will be provided. The Good Faith Estimate does not oblige the client to obtain listed items or services.

You have a right to initiate a dispute resolution process if the actual amount charged to you substantially exceeds the estimated charges stated in your Good Faith Estimate (which means \$400 or more beyond the estimated charges).

You are encouraged to speak with me at any time about any questions you may have regarding your treatment plan, or the information provided to you in this Good Faith Estimate.

For questions or more information related to the Good Faith Estimate, visit www.cms.go/nosurprises or call (800) 368-1019. Keep a copy of this Good Faith Estimate in a safe place.

With my signature for this Good Faith Estimate, I acknowledge that I am not obliged or required to obtain any of the listed services from this provider and that I am consenting of my own free will, free from coercion or pressure. I also understand that:

- I am giving up some consumer billing protections under federal law.
- I agree to pay for out-of-network care provided by **Sonya S. Carter, LCSW, LICSW dba Carter Counseling & Coaching, PLLC.**
- I may get a bill for the full charges for these items and services or must pay out-of-network cost-sharing under my health plan.
- I was given notice explaining that my provider is not in my health plan's network, the estimated costs of services, and what I may owe if I agree to be treated by this provider.
- I have received notice both verbally and written/ electronically.
- I fully and completely understand that some or all amounts that I pay may not count towards my health plan's deductible, co-pay, co-insurance, or out-of pocket limit.
- I can end this agreement by notifying the provider in writing before receiving items and/or services.