

Comprehensive Counseling Services

Leonard H. Smith, MA, LPC (3455062)

4 Suburbia Terrence, J.C.NJ. 07305

Office Number: (201) 914-4106

Good Faith Estimate

Effective January 1, 2022 a ruling went into effect called

“ No Surprise Act” which requires practitioners to provide a “ Good Faith Estimate “ about out-of-network care. The Good Faith Estimate works to show the cost of items or service, and/or diagnosis, and reasons for therapy. The estimate does not **include any unknown or unexpected cost 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 change and 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 for 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 GFE does not currently apply to any clients who are using insurance benefits, including out of network benefits (i.e., submitting super bills to insurance for reimbursement.)

Timeline requirements: Practitioners are required to provide a good faith estimate of expected charges for a scheduled or requested items or services that are reasonably expected to be provided in conjunction with such scheduled or requested “item or service” that estimate must be provided within specified timeframe.

- 1. If service is scheduled at least three business days before the appointment date no later than one business day after the date scheduling:**

- 2. If service is scheduled at least 10 business days before the appointment date, no later than three business days after the scheduling date:/or**
- 3. If the uninsured or self-pay patient request a good faith estimate (without scheduling the service) no later than three business days after the date of request. A new good faith estimate must be provided within the specified timeframes if the patient reschedules the requested item or service**

Common Services at (CCS) Comprehensive Counseling Services

90791: Initial Therapy Intake (not timed)

90837: Ongoing Therapy Appointments (approx.55mins)

90834: Ongoing Therapy Appointments (approx. 40mins)

Common Diagnosis Codes at CCS

Below are common diagnosis codes at CCS, however, the list is not exhaustive. With that said, diagnosis can change based on many factors.

Please speak to your therapist with any questions or concerns.

1. Adjustment Disorder (F43.23)
2. Depression (F32.9)
3. Anxiety (F41.1)
4. PTSD/Post Traumatic Stress Disorder (F43.10)
5. Relationship Distress (Z 63.0)
6. Substance Abuse/Substance Use Disorder (F1X.10)
7. Alcohol Use Disorder (F10.20)

CCS 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:

Your schedule with your life circumstances:

Therapist availability

Ongoing life challenges and how you address them

Personal Finances

You and your therapist will continually assess the appropriate frequency of therapy and will work together to determine when you have met your goal and are ready for discharge and/or a new “Good Faith Estimate “ will be issued should frequency or needs change.

Where services will be delivered:

1. In person at CCS`S office
2. Telehealth available
3. Location – (CCS) Comprehensive Counseling Services 605 Bloomfield Ave. J.C.N.J. 07305
4. Clinicians available at CCS to service you
5. All correspondence by mail should be forwarded to 4 Suburbia Terrence J.C.N.J. 07305

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Comprehensive Counseling Services

lhs-comprehensive services.com

Office number: (201) 914-4106

Patient Information:

Name:

Date of Birth:

Address:

Phone:

Email:

Patient Diagnosis:

CCS, we must diagnosis all client 's for both ethical, legal and insurance reasons—as well as required by the “ No Surprise Act” . Your Good Faith Estimate.

Primary Diagnosis: (Z 73.3)

Stress not elsewhere specified, Secondary Diagnosis

Mental Health Disorders not otherwise specified:(F99)

Primary Services:

1. Individual therapy (90837)

Your Financial Responsibility Summary:

For a good faith estimate: the amount you would owe if you were to attend therapy 52 sessions in a year (weekly, without skipping any weeks for holidays, breaks, vacations, unplanned events/sickness , etc.) The “ Good Faith Estimate “ requires practitioners to provide on the exact estimate and not a range. Out of an abundance of caution and transparency, we will only quote weekly appointments.

Individual Therapy cost for 52 weeks/ total cost for year (52 weeks): (98037)

Good Faith Estimate Disclaimer

This Good Faith Estimate shows the cost of the items and services that are reasonably expected for your healthcare needs for an item or service. 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 cost that may occur during treatment. You could be charged more if complications or special circumstances occur.**

If this happens. federal law allows you to dispute the bill (appeal). You may contact the healthcare 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.

