

## **NO SURPRISES ACT** (Good Faith Estimate & Advanced Explanation of Benefits)

The fees listed below are the maximum out of pocket costs for outpatient mental health office visits. Most insurance plans' contracted rates, copay/deductible fees, and self-pay fees will fall below these maximum amounts. If you have questions about your specific fees and rates, please contact us at [info@opalbehaviorahealth.com](mailto:info@opalbehaviorahealth.com).

### **Psychiatric Services:**

\$300 per 60-80 minute initial evaluation

\$150 per 20 minute follow-up session.

*Longer follow up sessions will be charged by duration of visit at a rate of \$25 for additional 10-minute increments beyond 20-minute visit; e.g., \$175 per 30-minute visit or \$200 per 40-minute visit, etc.*

Missed visits (no-show or cancellations with <24 hours notice) will result in a \$75 fee charged to the card on file.

This Good Faith Estimate shows the costs of services that are reasonably expected for your health care needs for an item of 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 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 seeking additional in-network providers outside of this practice, please visit [www.psychologytoday.com](http://www.psychologytoday.com) or call your insurance provider for a list of providers who are in-network.

### **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 US Department of Health and Human Services (HHS). If you choose to use the dispute resolution process, you must start the dispute process within 120 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) 368-1019.

For questions or more information about your right to a Good Faith Estimate or the dispute process, visit [www.cms.gov/nosurprises](https://www.cms.gov/nosurprises) or call (800) 368-1019.

**By signing below, you are agreeing that you have read, understood, and agree to the items contained in this document. Your signature below confirms that you have been informed of your Good Faith Estimate via this document.**