

# 02 No Surprises Act Standard Notice & Consent + Good Faith Estimate for Out of Network, Full Price

## No Surprises Act Standard Notice and Consent

### Surprise Billing Protection Form

This document describes your protections against unexpected medical bills. It also asks if you'd like to give up those protections and pay more for out-of-network care.

**IMPORTANT:** You aren't required to sign this form and shouldn't sign it if you didn't have a choice of health care provider before scheduling care. You can choose to get care from a provider or facility in your health plan's network, which may cost you less.

If you'd like assistance with this document, ask your provider or a patient advocate. Take a picture and/or keep a copy of this form for your records.

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You're getting this notice because this provider or facility isn't in your health plan's network and is considered out-of-network. This means the provider or facility doesn't have an agreement with your plan to provide services. **Getting care from this provider or facility will likely cost you more.**

If your plan covers the item or service you're getting, federal law protects you from higher bills when:

- You're getting emergency care from an out-of-network provider or facility, or
- An out-of-network provider is treating you at an in-network hospital or ambulatory surgical center without getting your consent to receive a higher bill.

Ask your health care provider or patient advocate if you're not sure if these protections apply to you. If you sign this form, be aware that you may pay more because:

- You're giving up your legal protections from higher bills.
- You may owe the full costs billed for the items and services you get.
- Your health plan might not count any of the amount you pay towards your deductible and out-of-pocket limit. Contact your health plan for more information.

Before deciding whether to sign this form, you can contact your health plan to find an in-network provider or facility. If there isn't one, you can also ask your health plan if they can work out an agreement with this provider or facility (or another one) to lower your costs.

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### Estimate of what you could pay if you give up your protections

**Out-of-network provider(s) or facility name:** Down to Earth Counseling PLLC

**Total cost estimate of what you may be asked to pay:** \$155 for a one time intake assessment and \$125 per hour-long session after assessment. Many clients begin treatment with weekly sessions, which would total \$500 for a 4-week month or \$6500 for a 52-week year of weekly psychotherapy sessions.

▶ **Review your detailed estimate.** See your Good Faith Estimate at the bottom of this document for a cost estimate for each item or service you'll get.

▶ **Call your health plan.** Your plan may have better information about how much you'll be asked to pay.

You also can ask about what's covered under your plan and your provider options.

▶ **Questions about this notice and estimate?** Contact Adam Tannenbaum at [adam@dtecounseling.com](mailto:adam@dtecounseling.com) or 919-443-5018 to explain the documents and estimates, and answer any questions, as necessary.

▶ **Questions about your rights?** Contact the federal phone number for information and complaints at: 1-800-985-3059 or visit [www.cms.gov/nosurprises/consumers](http://www.cms.gov/nosurprises/consumers) for more information about your rights under federal law.

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Except in an emergency, your health plan may require prior authorization (or other limitations) for certain items and services. This means you may need your plan's approval that it will cover the items or services before you can get them. If your plan requires prior authorization, ask them what information they need for you to get coverage

### **Understanding your options**

You may be able to get the items or services described in this notice from providers who are in-network with your health plan

### **More information about your rights and protections**

Visit [www.cms.gov/nosurprises/consumers](http://www.cms.gov/nosurprises/consumers) for more information about your rights under federal law.

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**By signing, I understand that I'm giving up my federal consumer protections and may have to pay more for out-of-network care.**

With my signature, I'm agreeing to get the items or services from Down to Earth Counseling PLLC

With my signature, I acknowledge that I'm consenting of my own free will and I'm not being coerced or pressured. I also acknowledge that:

- I'm giving up some consumer billing protections under federal law.
- I may have to pay the full charges for these items and services, or have to pay additional out-of-network cost-sharing under my health plan.

- I was given a written notice that explained my provider or facility isn't in my health plan's network, described the estimated cost of each service, and disclosed what I may owe if I agree to be treated by this provider or facility.
- I got the notice either on paper or electronically, consistent with my choice.
- I fully and completely understand that some or all of the amounts I pay might not count toward my health plan's deductible or out-of-pocket limit.
- I can end this agreement by notifying the provider or facility in writing before getting services.

**IMPORTANT: You don't have to sign this form. If you don't sign, this provider or facility might not treat you, but you can choose to get care from a provider or facility that's in your health plan's network.**

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**Take a picture and/or keep a copy of this form.  
It contains important information about your rights and protections.**

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#### **More details about your total cost estimate**

##### **Out-of-network provider(s) or facility name:**

Down to Earth Counseling PLLC

**State in which this provider and facility provider services:** North Carolina

**NPI:** 1821-69-5644

**Tax ID:** 85-3948419

The amount below is only an estimate; it isn't an offer or contract for services. This estimate shows the full estimated costs of the items or services listed. It doesn't include any information about what your health plan may cover. This means that **the final cost of services may be different than this estimate.**

**Contact your health plan to find out if your plan will pay any portion of these costs, and how much you may have to pay out-of-pocket.**

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Name of Provider or Facility: Down to Earth Counseling PLLC:

CPT service code: 90791

**Description: Initial Evaluation.** This psychotherapy evaluation is only required for new clients, clients seeking a letter of support for gender transition, and/or as required by a client's insurance company

Estimated amount to be billed: \$155 for a one hour session

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Name of Provider or Facility: Down to Earth Counseling PLLC:

CPT service code: 90837

**Description: Individual Psychotherapy, 60 min.** This is the most common service a client with Down to Earth Counseling PLLC will receive

Estimated amount to be billed: \$125 per 60 minute psychotherapy session

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Name of Provider or Facility: Down to Earth Counseling PLLC:

CPT service code: 90847

**Description: Family psychotherapy,** conjoint psychotherapy with the patient present

Estimated amount to be billed: \$125 per 60 minute family psychotherapy session

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Name of Provider or Facility: Down to Earth Counseling PLLC:

Service code: N/A

**Description: Court fee.** This is an optional service that is only applicable when a client requests for their clinician to share documents with a court of law and/or be present at a court of law and/or a clinician is summoned to be present at a court of law via a legal subpoena from a judge

Estimated amount to be billed: \$300 per hour for court appearances and/or time to complete paperwork to be used in a court of law. A \$1000 deposit will be required to be given to Down to Earth Counseling PLLC at least 2 business days in advance of any requested court appearance.

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Common diagnoses for patients seen for the above services at Down to Earth Counseling PLLC include but are not limited to the following:

- Adjustment Disorder (unspecified) F43.20
- Anxiety Disorder (unspecified), F41.9
- Attention Deficit Hyperactivity Disorder (unspecified), F90.9
- Gender Dysphoria in Adolescents and Adults, F64.1

- Major Depressive Disorder (unspecified), single episode, F32.9
- Major Depressive Disorder (unspecified), recurrent episode, F33.9
- Obsessive-Compulsive Disorder (unspecified), F42.9
- Post-Traumatic Stress Disorder, F43.10
- Reaction to Severe Stress (unspecified), F43.9

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**Total estimate of what you may owe:**

Previously established clients: \$125 per 60 minute session which totals to \$500 for a 4-week month of weekly psychotherapy sessions or \$6500 for a 52-week year of weekly psychotherapy sessions.

New Clients: \$155 for the first session; thereafter \$500 for a 4-week month of weekly psychotherapy sessions or \$6500 for a 52-week year of weekly psychotherapy sessions, which totals to \$530 for the first month (assuming a 4-week month) or a total of \$6530 for the first year (assuming weekly sessions based on a 52-week calendar year)

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**Disclaimer:**

Additional items or services that are recommended that must be scheduled or requested separately. This estimate is subject to change based on your presentation, symptoms, wants, needs, and agreements with your provider throughout the course of your care. This estimate is not a binding contract to receive the outlined services and does not obligate a patient to obtain the items and/or services from any of the providers identified in this estimate; it is only an estimate for you to consider the expected cost of such services and actual charges may differ. You have the right to initiate the patient-provider dispute resolution process if the actual bill charges substantially exceed the expected charges in the good faith estimate by contacting the federal phone number for information and complaints at 1-800-985-3059

Down to Earth Counseling PLLC will regularly re-evaluate the expected length and frequency of services based on new information, new presenting problems, and changes in symptoms. You can ask your treating provider at any time to re-evaluate your expected length and frequency of care. You will be promptly informed if the expected cost of sessions changes throughout the course of your care. Down To Earth Counseling PLLC invites you to discuss any uncertainties, discrepancies, or disputes related to the cost of your care with your treating provider and/or by contacting 919-433-5018 or adam@dtecounseling.com.