



555 Sun Valley Dr Unit G-4 Roswell GA 30076
Ph: 678-235-5054 F: 678-810-0666 E: info@enayacc.com W: www.enayacc.com

Good Faith Estimates and the “No Surprises” Act

(a copy of this notice is also available in our office or from your therapist)

As of January 1, 2022, all health care providers are required to provide a good faith estimate to any person who is receiving services, and who is not using insurance or doesn't have insurance for those services.

The “*No Surprises*” Act was created to avoid consumers receiving a “surprise” bill from an out of network provider, when they thought the services they were receiving would be covered by their in-network insurance benefits. It is intended to make it easier to understand all that you will be billed.

You have the right to receive a “Good Faith Estimate” (GFE) explaining how much your medical care will cost. Under the law, healthcare providers need to give patients who don't have insurance or who are not using insurance an estimate of the bill for medical items and services.

You have the right to receive a GFE 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 healthcare provider gives you a GFE in writing at least one (1) business day before your medical service or item. You can also ask your healthcare provider, and any other provider you choose, for a Good Faith Estimate before you schedule an item or service.

If you receive a bill that is at least **\$400** more than your Good Faith Estimate, you can *dispute the bill*.

**Make sure to save a copy or picture of your Good Faith Estimate.*

How This Applies to You at ENAYA COUNSELING AND CONSULTING (ECC) LLC

At **ECC** all fees are understood at the time you start working with your therapist. They are included in the Informed Consent and Disclosures documents that you review and sign prior to your first session. You only pay for one session at a time based on the fee schedule or any sliding scale agreed upon between you and your therapist and are not committed to pay for your next scheduled session until the cancellation window is reached (24 business hours before the appointment), and you are not committed to attending or paying for any other sessions after that.

Any time you are referred for additional or different services with **ECC**, you will be fully informed about changes in costs (or insurance coverage, if applicable). At times we may refer you outside of **ECC**. You are not obligated to see a provider we refer you to.

In the Good Faith Estimate we will now be providing you with, we are expected to include a diagnosis, the services we recommend, the frequency of those services, and an estimate of the total cost.

It is important for you to know that this is a little difficult in mental health for many reasons, including the following:

- It can take some time to fully understand the appropriate diagnosis for a person;
- Sometimes people choose to work with a therapist when there isn't an appropriate diagnosis at all;
- There are a number of factors that make it challenging to provide an estimate on how long it will take for a client to complete therapeutic treatment, and much depends on the individual client and their goals in seeking therapy. Some clients are satisfied with a reduction in symptoms while others continue therapy longer because it feels beneficial to do so. Others begin to schedule less frequently, and may continue to come in for "maintenance" sessions or when issues arise. Ultimately, as the client, it is your decision when to stop therapy.

Because of this, the good faith estimate for your INITIAL INTAKE/EVALUATION SESSION will be the cost of that intake session only, with a maximum cost of \$300 per hour (53 - 60 mins).

The good faith estimate for your following INDIVIDUAL COUNSELING SESSION/S will be the cost of that counseling session only, with a maximum cost of \$270 per hour (53 -60 mins). The number of sessions will vary based on your concerns/needs and the treatment plan.

Any additional time spent to support you in your counseling goals will be based on the Fee schedule shared with you prior to your initial intake. If there is a change in fees, you will be notified in writing prior to those changes being applicable to you.

Once you and the therapist have met, the therapist will understand more about you and your situation, and will be able to provide an updated good faith estimate.

Your good faith estimate can be reviewed at any time upon your request, and your therapist may also initiate a review of your estimate, if necessary. This estimate could go up or down as a result of many factors, including change of your needs, your life circumstances changing, how quickly you are making progress towards your counseling goals, additional information about your mental health becoming better understood as a result of your counseling work, or as a part

of reviewing your counseling goals. The good faith estimate is valid for 12 months from the date it was last provided.

For questions or more information about your right to a Good Faith Estimate, visit www.cms.gov/nosurprises or call the Arkansas Insurance Department at(501) 371-2600.

This notice is effective January 1, 2022.

Your signature below notes your acknowledgement, understanding, and agreement with the contents of this form.

CLIENT NAME: _____

CLIENT SIGNATURE: _____ **DATE:** _____