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NO SURPRISES ACT NOTICE

In compliance with the No Surprises Act, effective January 1, 2022, physicians are required to notify patients of their federal rights and protections against surprise billing. The purpose of the Act and of this notice is to protect you from unexpected medical bills. The Act requires that I notify you of your federally protected rights to receive a notification when out-of-network services are provided, if you are uninsured, or if you elect not to use your health insurance. As I do not participate in any health insurance plans, I must furnish you with a Good Faith Estimate for the cost of services I provide to you.

However, providing such an estimate is particularly challenging in psychiatry because it is difficult to predict the length of treatment, and because patients have a right to decide how long they wish to participate in such treatment. Therefore, I describe below the fees that apply for the services I provide. As an integral part of treatment, we will regularly collaborate to assess treatment progress, trajectory, and duration.

Most commonly, treatment is provided between 1 to 2 times weekly and 1 to 2 months monthly, but sometimes more or less often based on need, indication, or acuity. Treatment continues for six months, one year, or several years, but short-term treatment is also common. For some, treatment is a lifelong endeavor. It is your right to determine the goals of treatment and how long you wish to remain in treatment.

FEE SCHEDULE

- \$450 per 120-minute initial comprehensive psychiatric evaluation
- \$350 per 50-minute follow-up appointment integrating both psychotherapy and psychotropic medication supervision
- \$250 per 25-minute follow-up appointment for psychotropic medication supervision and psychopharmacology support
- \$350 per hour, prorated to the minute, for any work done on my behalf outside of scheduled appointments including, but not limited to, phone calls to physicians, pharmacists, therapists, or family members, medication prior authorizations, authoring of letters, or completion of forms

I issue clinically accurate diagnostic codes derived from the American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders (DSM) and the fee schedule applies equally to all DSM diagnostic codes. While the above fees apply to any number and combination of these diagnostic codes, their use does not guarantee reimbursement for out-of-network claims submitted by a patient to their health insurer.

REQUIRED DISCLOSURES

If you are billed for more than this Good Faith Estimate you have the right to dispute the bill. You may start a dispute resolution process with the U.S. Department of Health and Human Services. If you opt to use the dispute resolution process, you must initiate the dispute process within 120 days of the date on the original bill.

There is a required \$25 fee associated with initiating a dispute. If the agency reviewing your dispute agrees with you, you will have to pay the fee on this Good Faith Estimate. If the agency disagrees with you, you will have to pay the higher amount.



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Should you have additional questions about your rights under the No Surprises Act, you may contact the U.S. Centers for Medicare & Medicaid Services by calling 1-800-633-4227 or visiting www.cms.gov/nosurprises.

With my signature, I acknowledge that I have read this document carefully, comprehend the cost of services provided by *psychiatrie.me* and its physicians, and I have been informed of my federal rights and protections against surprise billing.

Physician Signature

Date

Signature of Patient

Date

Printed Name of Patient