

SURPRISE BILLING PROTECTION FORM

You're getting this notice because you meet at least one of the following criteria:

- You are uninsured or you have elected not to use your insurance.
- The provider you have chosen cannot accept insurance (interns, supervised and provisional providers).
- The provider you have chosen is an out-of-network provider with your insurance.

This means the provider doesn't have an agreement with your plan to provide services and **there is a possibility you may pay more** because:

- You are giving up your protections under the law.
- You may owe the full costs billed for items and services received.
- 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.

Total cost estimate of what you may be asked to pay: Unless you are pursuing mandatory treatment, it is your ethical right to determine your goals for treatment and how long you would like to remain in therapy. It is difficult to determine the true length of treatment for mental health care, therefore, attached you will find a fee schedule for the services typically offered at our office, and you can discuss with your therapist to determine when therapy services are no longer desired or needed.

Review your detailed estimate. See page three for a cost estimate for each service. If you have qualified for a rate different than stated below, you will receive an addendum stating the terms and conditions of the qualifying rate.

Call your health plan. Your plan may have better information about how much of these services are reimbursable. You also can ask about what's covered under your plan and your provider options. If you want an in-network provider, you can call your insurance company to provide you with a list of in-network providers that you can call to see if they are available to take on new clients.

Questions About:

- **This notice and estimate**--Call Norcon Family Counseling at 816-781-2349.
- **Your rights to a Good Faith Estimate**--Visit [cms.gov/nosurprises](https://www.cms.gov/nosurprises) or call 1-800-985-3059.
- **Your rights and protections under federal law**--Visit <https://www.cms.gov/files/document/model-disclosure-notice-patient-protections-against-surprise-billing-providers-facilities-health.pdf>.

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.

For charges exceeding \$400 over the good faith estimate, you may also start a dispute resolution process with the U.S Department of Health and Human Services (HHS). To use the dispute resolution process, you must pay a \$25 fee and start the dispute process within 120 calendar days of the date of the original bill. If the agency reviewing your dispute agrees with you, you will have to pay the price on the Good Faith Estimate. If the agency disagrees with you and agrees with the healthcare provider or facility, you will have to pay the higher amount.

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

Good Faith Estimate
Norcon Family Counseling
Federal Tax ID: 43-1691850 Group NPI#: 1669585543

Client name: _____ **Client Date of Birth:** _____

With my signature, I am saying that I agree to get the items or services from:

Fully Licensed Therapists:

- | | | |
|--|---|--|
| <input type="checkbox"/> Seth Haney, LPC NPI:1104027606 | <input type="checkbox"/> Norman Haney, LCSW NPI:1225141039 | <input type="checkbox"/> Joni Clausen, LPC NPI: 1124804059 |
| <input type="checkbox"/> Michael French, LPC NPI:1086151666 | <input type="checkbox"/> Joshua Harms, LPC NPI:1336591890 | <input type="checkbox"/> MacKay Crookston, LPC NPI:1710616537 |
| <input type="checkbox"/> James Lehnardt, LPC NPI:1093309726 | <input type="checkbox"/> Penny Engstrom, LCSW NPI:1972276293 | |

Provisionally Licensed Therapists:

- Haylee O’Hara, PLMFT
- Laura May, S-MFT

Interns: None at this time

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

- I’m giving up some consumer billing protections under Federal law.
- I may get a bill for the full charges for these items and services or have to pay out-of-network cost-sharing under my health plan.
- I was given a written notice on or before the signature date explaining that my provider isn’t in my health plan’s network, the estimated cost of services, and what I may owe if I agree to be treated by this provider.
- I can request to get this notice in paper format if preferred.
- I fully and completely understand that some or all 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. But if you don’t sign, this provider cannot treat you and you will need to contact your insurance for a provider or facility in your health plan’s network.

_____ or _____ am/pm
Client’s signature Guardian/authorized representative’s signature Date & Time

_____ am/pm
Print name of Client Print Name of Guardian/authorized representative Date & Time

GOOD FAITH ESTIMATE TABLE OF SERVICES AND FEES FOR 2024

Disclaimer: The Good Faith Estimate shows the costs of items and services that are reasonably expected for your health care needs for an item or service. It is not an offer or contract for services. 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.

| Service code (CPT Code) | Description | Provider's Licensure | Fee for Service (Number of Sessions Will Be Determined as We Progress) |
|---|---|--|--|
| 90791 90837 90847 | Initial Diagnostic Evaluation Psychotherapy ≥ 53 minutes Family Psychotherapy 50 minutes | Fully Licensed Therapists LCSW, LPC, LMFT | \$140* per session |
| 90791 90837 90847 | Initial Diagnostic Evaluation Psychotherapy ≥ 53 minutes Family Psychotherapy 50 minutes | Provisionally Licensed Therapists LMSW, PLPC, PLMFT | \$75-\$115* per session <i>Sliding Scale Based on Household Income and Household Size</i> |
| 90791 90837 90847 | Initial Diagnostic Evaluation Psychotherapy ≥ 53 minutes Family Psychotherapy 50 minutes | Finishing Up Master's Degree Intern, Counselor in Training | \$50* per session until therapist finishes internship |
| 90785 | Interactive Play Therapy | All Providers | \$25 per session added to regular session cost |
| No Show Fee | Appointments missed without prior cancellation | All providers | \$75 <i>or full session cost, whichever is lower</i> |
| Late Cancellation Fee | Appointments canceled within 24-Hours of a scheduled appointment | All providers | \$50 <i>or full session cost, whichever is lower</i> |
| Production of Records | Request for Chart Records | All providers | \$25 service fee plus \$.66 per page |
| Report or Form Fee | Requests for Reports Requests for Forms to be Completed | All providers | \$50 |
| Court Appearances | The total time is calculated as the total time the therapist is away from the office (this includes travel time) even if the court is canceled or the therapist is not called to testify. | All providers | \$800 initial non-refundable minimum fee. If the therapist is out of the office longer than two hours, a \$250 per hour fee will be charged for the additional time. |
| Out-of-Office Meetings | Depositions or any other out of office meetings. | All providers | \$250 per hour |
| *All sessions are billed based on therapist's licensure. As therapists progress in their licensure status, rates for sessions will change accordingly. | | | |
| Your therapist will collaborate with you throughout your treatment to determine how many sessions and/or services you may need to receive the greatest benefit based on your diagnosis(es)/presenting clinical concerns. Where scheduling allows, most people start off with weekly sessions. Although each client is different, it is typical to expect 3-6 months of therapy or longer based on the client's specific situation. | | | |

