

APG Auburn Psychology Group, LLC

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Good Faith Estimate

Auburn Psychology Group, L.L.C.
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Tax ID: 45-4808822

Effective January 1, 2022, a ruling went into effect called the “No Surprises Act” which requires practitioners to provide a “Good Faith Estimate” about out-of-network or self-pay care.

The Good Faith Estimate works to show the cost of items and services that are reasonably expected for your health care needs for an item or service, a diagnosis, and a reason for therapy. 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 and will be provided a new “Good Faith Estimate” should this occur. If this happens, federal law allows you to dispute (appeal) the bill if you and your provider have not previously talked about the change and you have not been given an updated Good Faith Estimate.

Under Section 2799B-6 of the Public Health Service Act (PHSA), health care providers and health care facilities are required to inform individuals who are not enrolled in an insurance plan, have insurance coverage, enrolled in a Federal health care program, or not seeking to file a claim with their plan or coverage both orally and in writing of their ability, upon request, or at the time of scheduling health care items and services to receive a “Good Faith Estimate” of expected charges.

Note: The PHSA and GFE does not currently apply to any clients who are using insurance benefits, including “out of network benefits” (ie. submitting superbills to insurance for reimbursement).

Common Services at Auburn Psychology Group, L.L.C

- 90791 – Initial Assessment, 50 minutes (\$160)
- 90832 – Individual Outpatient therapy, approximately 30 minutes (\$70)
- 90834 – Individual Outpatient therapy, approximately 45 minutes (\$140)
- 90837 – Individual Outpatient therapy, approximately 60 minutes (\$186.68)

90847 – Family Psychotherapy (conjoint psychotherapy with patient present), approximately 45 minutes (\$140)

Forsensic Initial Assessment, approximately 50 minutes (\$200)

No Show or Late Cancel Fees (cancel with less than 24 hours notice) – charged for full cost of session

This does not take into account any sliding scale fee that may be applied to your services at any time. We will not provide a new GFE for sliding scale discounts.

Auburn Psychology Group, L.L.C. recognizes that every client’s therapy journey is unique.

How long you need to engage in psychotherapy, how often you attend sessions, or the full extent of what an assessment will require will be influenced by many factors including but not limited to:

- Your schedule and life circumstances
- Provider availability
- Ongoing life challenges
- The nature of your specific challenges and how you address them
- Personal finances

You and your provider will continually assess the appropriate frequency of therapy and will work together to determine when you have met your goals and are ready for discharge and/or a new “Good Faith Estimate” will be issued should your frequency or needs change.

Where services will be delivered:

We are a hybrid practice meaning we provide both in person and telehealth services. Our address on record is at the top of this document.

This is a list of providers you may see.

Jennifer Abernathy-Smith, Ph.D.

Katie Brantley, LCSW

Rene’ J. Britt, Ph.D.

Jennifer B. Daniels, Ph.D.

Michelle DeRamus, Ph.D.

Glen Vollenweider, Ph.D.

Good Faith Estimate

Client Information:

First Name Middle Name Last Name

Client Date of Birth: ____/____/____

Client Identification Number: _____

Client Mailing Address: _____
Street Address or P.O. Box

City State Zip Code

Phone Email Address

Contact Preference (Check one): Phone _____ Email _____

Client Diagnostic Information:

At Auburn Psychology Group, L.L.C., we provide a medical/psychological diagnosis for treatment planning and insurance reimbursement.

It is within your rights to decline a diagnosis per state and federal guidelines.

Your Good Faith Estimate primary diagnosis is:
Z71.9 Counseling, Unspecified

This diagnosis is only to satisfy the federal requirement on this form. This is not a formal psychological diagnosis after an assessment has been completed. That will take place 1-5 sessions after beginning psychotherapy or at the completion of a psychological evaluation.

We will not update this GFE with a new diagnostic code unless specifically requested by you.

Your Financial Responsibility Summary

For a good faith estimate: the amount you would owe if you were to attend therapy for 52 sessions in a year (weekly, without skipping any weeks for holidays, breaks, vacations, unplanned events/sickness, etc.). The "Good Faith Estimate" requires practitioners to provide an exact estimate and not a range. **Out of an abundance of caution and transparency, we will only quote weekly appointments.**

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Total Cost for the year will equal the type and number of sessions multiplied by the cost listed.

There may be additional services that are not included in the estimate such as phone calls, letter writing, consultation with other providers, etc.

Disclaimer

This Good Faith Estimate shows the costs of items and services that are reasonably expected for your healthy care needs for an item or 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 billed for at least \$400 more than this Good Faith Estimate, you have the right to dispute the bill.

You may contact Auburn Psychology Group, L.L.C. to let us know the billed charges are higher than the Good Faith Estimate. You can ask us 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 U.S. Department of Health and Human Services (HHS). If you choose to use the dispute resolution process, you must start the dispute process within 120 calendar 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 healthcare provider or facility, you will have to pay the higher amount.

For questions or to get more information about your rights to get a Good Faith Estimate or the dispute process, or to www.cms.gov/nosurprises or call 1-800-985-3059. Keep a copy of this Good Faith Estimate in a safe place or take a picture of it. You may need it if you are billed a higher amount.

Client Signature

Date