

**“No Surprises Act” - Good Faith Estimate**

The following information is being presented to you due to the new federal law called the “No Surprises Act” which went into effect 1/1/2022. This law requires us to provide you with a “good faith estimate” of the **total cost** of your treatment. *Estimating the total cost of psychiatric and psychotherapy treatment is very difficult because the course of treatment varies for everyone*. The law requires us to make this estimate prior to completing an assessment which further complicates things. Attached you will find a good faith estimate of your treatment.

**Under the law, health care 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 Good Faith Estimate 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 health care provider gives you a Good Faith Estimate in writing at least 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.

**Good Faith Estimate for Services**

* 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 for out-of-network providers. This means that **the final cost of services may be different than this estimate.** You and your treatment provider will determine the frequency of appointments together based on your needs. This may vary depending on whether you receive services for medication management, therapy, or both. We are concerned that there will be an element of “sticker shock.” Seeing the total cost of a year’s work of treatment can be alarming, but there is no guarantee that you will be in treatment for a full year. **Please keep in mind that this estimate does NOT account for any potential out-of-network reimbursement from your insurance carrier**.
* **The following are MAXIMUM scenarios per calendar year:**
  + **Medication Management with Dr. Rabjohn and Dr. Redd Total**
    - **Psychiatric Evaluation (90792) - $500 500**
    - **Medication Management Visits (99214) - $175 (monthly) 2100**
* **Psychotherapy Services with Ms. Jenkins, Mylett, or Gortney** 
  + **Psychotherapy (90834) - $125 (weekly) 6500**
* **Incidental paperwork/prior authorizations - $100 (yearly) 100**
* **Utilizing the MAX possible services and MAX appointments at RBI $9200**

**The totals above are EXTREME OVERESTIMATIONS for the vast majority of patients**, but we are required by law to inform you of the possible out-of-pocket maximum costs over 12 months should you require that amount of care: an evaluation, monthly medication management, and weekly psychotherapy. More than likely, your use of our services will be much less.

**Pat Rabjohn, MD, Ph.D NPI - 1558400556**

**Tam Redd, MD NPI - 1568759751**

**Denise Jenkins, LCSW NPI - 1336288158**

**Tiffany Mylett, LCSW NPI - 1053561951**

**Michele Gortney, LPC NPI - 1659541092**

**Rabjohn Behavioral Inst, PLLC TID - 45-0588634**

**Disclaimer:** This Good Faith Estimate shows the costs of the items and services that are reasonably expected to be for your health 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. Federal law allows you to dispute (appeal) the bill if this happens. 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.

You may also start a dispute resolution process with the US Department of Health and Human Services (HHS). If you choose to use the dispute resolution process, you must start the dispute process within 120 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 health care provider or facility, you will have to pay the higher amount.

To learn more and get a form to start the process go to [www.cms.gov/nosurprises](http://www.cms.gov/nosuprises)

**For questions or information** about your right to a Good Faith Estimate or the dispute process, visit [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises)