O'Brien Counseling Services
Good Faith Estimate

The No Surprises Act, passed as part of the Consolidated Appropriations Act, seeks to protect clients from surprise medical bills arising out of certain out-of-network care. Pursuant to said Act, mental health care providers are required to give self-pay clients a good faith estimate of costs for services upon request or at the time of scheduling services. The good faith estimate includes expected charges for services.

Name: _____

Date of Birth: _____

Address: _____

_____

Phone: _____

Email: _____

Details of Services Provided

Primary Service Requested: Psychotherapy

Primary Diagnosis and Code: Adjustment Disorder, F43.20

Diagnostic Session CPT Code, Fee & Length: 90791, $215 each, 45 minutes

Counseling Session CPT Code, Fee & Length: 90837, $190, 45 minutes

[Optional] Family Therapy CPT Code and Fee: 90847, $215, 45 minutes

O’Brien Counseling Services
Good Faith Estimate (cont.)

Good Faith Estimate for One Year of Services Meeting <u>Once Per Week</u>:

$215 each (diagnostic session) x 2 (annual quantity) = $430

$190 each (counseling session) x 50 (annual quantity) = $9,500

Total Estimated Cost Per Year (52 weeks of sessions) = $9,930

Good Faith Estimate for One Year of Services Meeting <u>Twice Per Week</u>:

$215 each (diagnostic session) x 2 (annual quantity) = $430

$190 each (counseling session) x 102 (annual quantity) = $19,380

Total Estimated Cost Per Year (52 weeks of service, twice per week) = $19,810

Optional Services Available Upon Request

Optional: $215 each (family therapy) x 12 (quantity) = $2,580 additional per year
Optional: $190 each (crisis session) x 12 (quantity) = $2,280 additional per year

Disclaimer

This Good Faith Estimate shows the costs of items and services that are reasonably expected for your health care needs for a 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.

O’Brien Counseling Services
Good Faith Estimate (cont.)

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 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 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 health care provider, you will have to pay the higher amount.

For questions or more information about your right to a Good Faith Estimate or to start the dispute process, visit www.cms.gov/nosurprises or call 1-877-696-6775.

Keep a copy of this Good Faith Estimate in a safe place or take pictures of it. You may need it if you are billed a higher amount.

O’Brien Counseling Services
Good Faith Estimate (cont.)

Provider Name and Contact Person: Mark Farrell O’Brien, LCPC, CADC
Provider Location: 605 North Michigan Avenue, 4th Floor, Chicago, IL 60611
Phone: (312) 316-7703
Email: mark@markfarrellobrien.com
National Provider Identifier (NPI): 1932427986
Tax Identification Number: 45-5605138

Client Signature (Client’s Parent/Guardian if under 18)

Signature: _____

Date: _____