



CLIENTS RIGHTS TO A  
**GOOD FAITH ESTIMATE**  
OF SERVICES

*Effective January 1, 2022*

*January 1, 2022*

Dear New Growth Clients,

On January 1, 2022, the No Surprises Act went into effect, which requires all healthcare providers to notify clients of their federal rights and protections against “surprise billing”. This Act requires healthcare providers to provide notice of your Federally protected rights to receive notification when services are rendered by an out-of-network provider, if a client is uninsured, or when clients elect to not use their insurance.

We are also required to provide you with a Good Faith Estimate of the cost of services you will receive. We have created a table outlining our services and fees below. With mental health care, it is often difficult to determine how long treatment will take place and each client has a right to decide how long they would like to participate in counseling. Therefore, in this document you will find a fee schedule for the services we typically offer by all therapists practicing in our office (Licensed Clinicians, Pre-Licensed Clinicians, and Graduate Interns). We will continue to collaborate with you on a regular basis to determine how many sessions you may need.

It is a federal requirement that we inform every client. We hope this information is helpful and if you have any additional questions, please don't hesitate to contact us.

Thank you,

Melissa Vollhardt & Caitlin Fay  
Owners of New Growth Counseling  
(904) 999-4626  
[Grow@NewGrowthSTA.com](mailto:Grow@NewGrowthSTA.com)  
[www.NewGrowthSTA.com](http://www.NewGrowthSTA.com)

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## GOOD FAITH ESTIMATE

### 2022 Table of Services & Fees — Licensed Clinicians

Service code (CPT Code)	Description	Fee for Service (Number of Sessions Will Be Determined as We Progress)
90791	Initial Diagnostic Evaluation	\$150
90834	Individual Psychotherapy, 38-52 minutes	\$150
90846	Family Psychotherapy without Patient Present, 50 minutes	\$150
90847	Family Psychotherapy with Patient Present, 50 minutes	\$150
Cancellation Fee	Your Therapist Requires a 24-Hour Cancellation Fee	\$50
Returned Checks		\$25.00 per check
Legal Fees	Court Attendance	\$200.00 per hour
Phone Consults		\$25.00 per 15 minutes
Travel Time		\$25.00 per 15 minutes
Written Letters		\$25.00 per Letter

**Total Estimate:** This Good Faith Estimate explains your therapist's rate for each service provided. 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.

**Please note that Place of Service (in office vs. tele-mental-health) is not delineated above since the charges are identical.**

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## 2022 Table of Services & Fees — Pre-Licensed Clinicians

Service code (CPT Code)	Description	Fee for Service (Number of Sessions Will Be Determined as We Progress)
90791	Initial Diagnostic Evaluation	\$100
90834	Individual Psychotherapy, 38-52 minutes	\$100
90846	Family Psychotherapy without Patient Present, 50 minutes	\$100
90847	Family Psychotherapy with Patient Present, 50 minutes	\$100
Cancellation Fee	Your Therapist Requires a 24-Hour Cancellation Fee	\$50
Returned Checks		\$25.00 per check
Legal Fees	Court Attendance	\$200.00 per hour
Phone Consults		\$25.00 per 15 minutes
Travel Time		\$25.00 per 15 minutes
Written Letters		\$25.00 per Letter

**Total Estimate:** This Good Faith Estimate explains your therapist's rate for each service provided. 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.

**Please note that Place of Service (in office vs. tele-mental-health) is not delineated above since the charges are identical.**

## 2022 Table of Services & Fees — Graduate Student Interns

Service code (CPT Code)	Description	Fee for Service (Number of Sessions Will Be Determined as We Progress)
90791	Initial Diagnostic Evaluation	\$50
90834	Individual Psychotherapy, 38-52 minutes	\$50
90846	Family Psychotherapy without Patient Present, 50 minutes	\$50
90847	Family Psychotherapy with Patient Present, 50 minutes	\$50
Cancellation Fee	Your Therapist Requires a 24-Hour Cancellation Fee	\$50
Returned Checks		\$25.00 per check
Legal Fees	Phone consults, letters, travel time, attendance at court, etc.	Graduate Intern students are not permitted by their program to engage in these services

**Total Estimate:** This Good Faith Estimate explains your therapist's rate for each service provided. 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.

**Please note that Place of Service (in office vs. tele-mental-health) is not delineated above since the charges are identical.**

## **YOUR RIGHTS AND PROTECTIONS AGAINST SURPRISE MEDICAL BILLS**

(OMB Control Number: 0938-1401)

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

### **What is “balance billing” (sometimes called “surprise billing”)?**

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

“Out-of-network” describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called “**balance billing**.” This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

“Surprise billing” is an unexpected balance bill. This can happen when you can't control who is involved in your care - like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

### **You are protected from balance billing for:**

#### **Emergency services**

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in-network cost-sharing amount (such as copayments and coinsurance). You **can't** be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balance billed for these post-stabilization services.

#### **Certain services at an in-network hospital or ambulatory surgical center**

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers **can't** balance bill you and may **not** ask you to give up your protections not to be balance billed.

If you get other services at these in-network facilities, out-of-network providers **can't** balance bill you unless you give written consent and give up your protections.

**You're never required to give up your protection from balance billing. You also aren't required to**

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**get care out-of-network. You can choose a provider or facility in your plan's network.**

**When balance billing isn't allowed, you also have the following protections:**

- You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.
  
- Your health plan generally must:
  - Cover emergency services without requiring you to get approval for services in advance (prior authorization).
  - Cover emergency services by out-of-network providers.
  - Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
  - Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

**If you believe you've been wrongly billed, you may contact:**

1: Melissa Vollhardt or Caitlin Fay, owners of New Growth Counseling by calling (904) 999-4626 or emailing [Grow@NewGrowthSTA.com](mailto:Grow@NewGrowthSTA.com)

2: The Florida Board of Health: The Health Care Compliant Portal allows consumers to file a complaint with the appropriate state agency. You will be asked a series of questions to help identify the nature of your complaint. After you have answered all of the questions, you will see a summary page with instructions on how to file your complaint. Visit <https://mqa-flhealthcomplaint.doh.state.fl.us>

3: 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. To learn more and get a form to start the process, go to [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) or call HHS at (800) 368-1019. For questions or more information about your right to a Good Faith Estimate or the dispute process, visit [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) or call (800) 368-1019.

Visit <https://www.cms.gov/files/document/model-disclosure-notice-patient-protections-against-surprise-billing-providers-facilities-health.pdf> for more information about your rights under Federal law.