



CLIENTS RIGHTS TO A
GOOD FAITH ESTIMATE
OF SERVICES

Effective January 1, 2023

January 1, 2023

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, Occupational Therapists, 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
www.NewGrowthSTA.com

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GOOD FAITH ESTIMATE

2023 Table of Services & Fees — LCSW’s, MFT’s, & LMHC’s

Service code (CPT Code)	Description	Fee for Service (Number of Sessions Will Be Determined as We Progress)
90791	Initial Diagnostic Evaluation	\$160
90834	Individual Psychotherapy, 38-52 minutes	\$160
90846	Family Psychotherapy without Patient Present, 50 minutes	\$160
90847	Family Psychotherapy with Patient Present, 50 minutes	\$160
Cancellation Fee	Your Therapist Requires a 24-Hour Cancellation Fee- All clients, sliding-scale, or full paying clients, will be charged this fee for late cancellations/no-shows	\$75
Returned Checks		\$25.00 per check
Legal Fees	Court Attendance, depositions, etc. You will be charged a minimum of 8 hours/day each day of attendance.	\$200.00 per hour- 8 hours per day minimum
Psychiatry	If you request your therapist to join a Psychiatric Evaluation or a Medication Management appointment	\$75 per 30 minutes
IEP Consults	If your therapist is attending an IEP meeting, providing IEP consultation, etc.	\$25 per 15 minutes
Phone Consults	Phone consults with parents, case managers, school staff, etc.	\$25.00 per 15 minutes
Professional Consultation		\$75 per 30 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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2023 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	\$120
90834	Individual Psychotherapy, 38-52 minutes	\$120
90846	Family Psychotherapy without Patient Present, 50 minutes	\$120
90847	Family Psychotherapy with Patient Present, 50 minutes	\$120
Cancellation Fee	Your Therapist Requires a 24-Hour Cancellation Fee- All clients, sliding-scale, or full paying clients, will be charged this fee for late cancellations/no-shows	\$75
Returned Checks		\$25.00 per check
Legal Fees	Court Attendance, depositions, etc. You will be charged a minimum of 8 hours/day each day of attendance.	\$200.00 per hour- 8 hour minimum per day
Psychiatry	If you request your therapist to join a Psychiatric Evaluation or a Medication Management appointment	\$75 per 30 minutes
IEP Consults	If your therapist is attending an IEP meeting, providing IEP consultation, etc.	\$25 per 15 minutes
Phone Consults	Phone consults with parents, case managers, school staff, etc.	\$25.00 per 15 minutes
Professional Consultation		\$75 per 30 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.

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2023 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- All clients, sliding-scale, or full paying clients, will be charged this fee for late cancellations/no-shows	\$75
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.

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2023 Table of Services & Fees – Occupational Therapists

The following CPT codes are frequently used by occupational therapists to report services in various settings. Not all codes are accepted by all payers. Always request information from specific insurers concerning codes, time frames, and payment policy.

EVALUATIONS: *Occupational therapy evaluations/re-evaluations include an occupational profile, medical and therapy history, relevant assessments, and development of care, which reflect the therapist’s clinical reasoning and interpretation of data.*

CPT Code	Description of Service: Evaluation (\$250, 60-90 minutes)
97165	Occupational therapy evaluation, low complexity
97166	Occupational therapy evaluation, moderate complexity
97167	Occupational therapy evaluation, high complexity
CPT Code	Description of Service: Re-Evaluation (\$200, 60-90 minutes)
97168	Occupational therapy re-evaluation

THERAPEUTIC PROCEDURES: *A manner of effecting change through application of clinical skills and/or services that attempt to improve function; required to have direct (one-to-one) patient contact.*

CPT Code	Description of Service: Therapeutic Procedures (\$55/unit; 3 units per 50-minute session)
97112	Neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities.
97129	Therapeutic interventions that focus on cognitive function (e.g., attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity. (e.g., managing time or schedules, initiating, organizing, and sequencing tasks) direct (one-to-one) patient contact; initial 15 minutes. +97130 each additional 15 minutes
97530	Therapeutic activities, direct (one-to-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-to-one) patient contact, each 15 minutes
97535	Self-care/home management training (e.g., activities of daily living [ADLs] and compensatory training, meal preparation, safety procedures, and instructions in the

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	use of assistive technology devices/adaptive equipment), direct one-to-one contact, each 15 minutes
97750	Physical performance test or measurement (e.g., musculoskeletal, functional capacity), with written report, each 15 minutes
CPT Code	Description of Service: Telehealth visit (\$165, 50 minutes)
98972	Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days, 21 or more minutes

ADDITIONAL SERVICES/FEEES:

Cancelation Fee	Your Therapist Requires a 24-Hour Cancelation Fee- All clients, sliding-scale, or full paying clients, will be charged this fee for late cancellations/no-shows	\$75
Returned Checks		\$25.00 per check
Legal Fees	Court Attendance, depositions, etc. You will be charged a minimum of 8 hours/day each day of attendance.	\$200.00 per hour- 8 hours per day minimum
Psychiatry	If you request your therapist to join a Psychiatric Evaluation or a Medication Management appointment	\$75 per 30 minutes
IEP Consults	If your therapist is attending an IEP meeting, providing IEP consultation, etc.	\$25 per 15 minutes
Phone Consults	Phone consults with parents, case managers, school staff, etc.	\$25.00 per 15 minutes
Professional Consultation		\$75 per 30 minutes
Travel Time		\$25.00 per 15 minutes
Written Letters		\$25.00 per Letter

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

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 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 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.