

Good Faith Estimate

Effective January 1, 2022, a ruling went into effect called the "No Surprises Act" which requires practitioners to provide a "Good Faith Estimate" to individuals who are uninsured or utilize self-pay. The Good Faith Estimate (referred to throughout this document as "GFE") 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 mental health services. The estimate is based on information known at the time the estimate was created. The GFE 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 GFE 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 GFE.

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 a plan or coverage or 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 GFE of expected charges.

Note: The PHSA and GFE do not currently apply to any individuals who are using insurance benefits, including "out of network benefits" (i.e., submitting superbills to insurance for reimbursement).

Timeline requirements: Providers are required to provide a GFE of expected charges for a scheduled or requested service, including items or services that are reasonably expected to be provided in conjunction with such scheduled or requested item or service. That estimate must be provided within specified timeframes:

- If the service is scheduled at least 3 business days before the appointment date: no later than 1 business day after the date of scheduling;
- If the service is scheduled at least 10 business days before the appointment date: no later than 3 business days after the date of scheduling; or
- If the uninsured or self-pay individual requests a GFE (without scheduling the service), no later than 3 business days after the date of the request. A new GFE must be provided, within the specified timeframes if the individual reschedules the requested item or service.

Common Services at The Center For Growth, Inc

90791: Initial psychotherapy intake (53 minutes)

90834: Ongoing therapy appointments (53 minutes)

90837: Ongoing therapy appointments (53 minutes)

90847: Family/Couples appointments (53 minutes)

90832: Initial group intake (25 minutes)

90832: Ongoing therapy appointments (25 minutes)

90846: Therapy session without client present (53 minutes)

90853: Ongoing group therapy (53 minutes)

Common Diagnosis Codes at The Center For Growth, Inc

Below are a few examples of diagnosis codes at TCFG; however, the list is not exhaustive. With that said, diagnosis codes can change based on many factors. Please speak to your provider with any questions or concerns.

Common Diagnostic Codes:

- Z63.0 Problems in Relationship With Spouse or Partner
- F43.21 Adjustment Disorder with Depressed Mood
- F43.22 Adjustment Disorder with Anxiety
- F41.0 Panic Disorder
- F41.1 Generalized Anxiety Disorder
- F42 Obsessive Compulsive Disorder
- F43.10 Post-traumatic Stress Disorder
- F91.3 Oppositional Defiant Disorder
- F50.2 Bulimia Nervosa Disorder
- F50.01 Anorexia Nervosa
- F34.1 Dysthymia
- F34.8 Disruptive Mood Dysregulation
- F31.11 Bipolar
- F60.3 Borderline Personality Disorder
- F60.81 Narcissistic Disorder
- F60.7 Dependent Personality Disorder
- F52.21 Erectile Disorder

- F52.22 Female Desire Disorder
- F65.3 Voyeuristic Disorder

TCFG recognizes every individual's mental health treatment journey is unique and personalized. How long you need to engage in mental health services and how often you attend sessions will be influenced by many factors, including, but not limited to:

- Your schedule and life circumstances
- Your provider's 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 services 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:

TCFG offers both virtual and in-person services to individuals physically located in the state of Virginia, New Jersey, Pennsylvania, and Virtual only in Florida, Georgia, at the time of services. Depending on your provider(s), your services may take place over a HIPAA compliant telehealth platform or at our physical locations.

360 West Ave, First floor
Ocean City NJ 08226

233 S 6th street, Suite C33
Philadelphia, PA, 19106

2401 Pennsylvania Ave, Suite 1a2
Philadelphia, PA 19130

9044 Mann Drive,
Mechanicville Virginia, 23116

Our Group NPI# is: 1699986844

Our EIN# is: 232954072

Patient Diagnosis

At TCFG, we must provide a diagnosis to all patients for ethical, legal, and insurance reasons -- as well as required by the "No Surprises Act".

Your initial Good Faith Estimate diagnosis is:

Primary Diagnosis: Z73.3 - Stress not elsewhere specified Secondary Diagnosis: F99 - Mental Health Disorder, Not Otherwise Specified

This diagnosis is only to satisfy the federal requirement for this form. This is not a formal psychological diagnosis. A formal diagnosis occurs after an assessment has been completed. That will take place 1-5 sessions after beginning mental health services. If you choose to decline a formal diagnosis, we will not update this GFE.

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

1. Primary Service or Item Requested/Scheduled:

☐ Individual Therapy ☐
☐ Couples Therapy ☐
☐ Family Therapy
☐ Support Group
☐ Therapy Group ☐

1. Date Scheduled:

You will receive an email and / or text from us confirming the date of service.

Fee: Each clinician has a different fee. If you scheduled online using the therapyportal, the therapist's fee is stated at the time of scheduling. In addition, you can locate each therapist's fee on our website: <https://www.thecenterforgrowth.com/contact/therapist-fees-locations>

Fee increase policy: **Once you start working with a therapist you can expect your fee to remain the same until treatment is complete.** With this being said, there are *four exceptions to this policy*

1. In the event that a client has taken more than a 3 month break from services and the therapist during this time raised their rates, then the therapist will offer a client a 50% discount on the increase.
2. In the event that a client works with a therapist for more than three years, at the three year mark, the therapist may increase your fee by 20\$. Every subsequent year, your fee may increase by 5\$.
3. After interns graduate, clients who are mid-treatment, have the opportunity of choosing a different therapist to work with. The client will remain the same. If the intern transitions to employee status, clients will be offered a 50% discount on the fee increase.
4. When a therapist becomes licensed, therapist's raise their fees. To honor the existing relationship between client and therapist, clients will be given a 50% discount on the fee increase. This only applies to clients after they have worked with their therapist for a year or longer.

Your Financial Responsibility Summary

For a good faith estimate, we are providing the amount you would owe if you were to attend psychotherapy for 52 sessions in a year (weekly, without skipping any weeks for holidays, break, vacation, unplanned events/sickness, etc.); The "Good Faith Estimate" requires providers to provide an exact estimate and not a range. Out of an abundance of caution and transparency, this quote is based on higher frequency of appointments, though your actual frequency could be more or less, depending on your unique mental health needs.

1. Your Annual Cost Estimate:

Provider	CPT Code	CPT Fee	Total Annual Cost
Your Clinician that you agreed to meet with.	See Treatment Plan	Therapist has the same fee for each individual /	52 x your therapists fee = Y.

		couples or family therapy session. Posted in therapynotes.com as well as https://www.thecenterforgrowth.com/contact/therapist-fees-location	
		Groups Fees: Initial Eval 25, Each Session 10\$	
Cancellation Fees			Cancellation Fees
If you are attending groups for free b/c you are a client doing individual/couples or family work with us and you miss a group session, you will be charged the full 10\$.			You will be billed the full fee for cancellations with less than 48 hour notice

To fill out the chart, look up your therapist's session fee, and multiply that number by 52. That is the yearly fee.

IF YOU ARE STRUGGLING TO DO THE MATH YOUR THERAPIST CAN HELP.

Good Faith Estimate Disclaimer

This Good Faith Estimate shows the costs of items and services that are reasonably expected 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. If this happens, federal law allows you to dispute (appeal) the bill.

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 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 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 or call 800-985-3059. For questions or more information about your right to a Good Faith Estimate or the dispute process, visit www.cms.gov/nosurprises or call 800-985-3059. 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.

Insurance Reimbursement Rates

Insurance: Most insurance companies will reimburse you for our services. Prior to starting treatment, we encourage you to call your insurance company to verify that you have “Out Of Network Benefits” and to determine the exact amount they will reimburse you. In addition to insurance reimbursement, many clients use their Medical Service Account or their Flexible Spending Account to pay for services.

If finances are an issue, and you are not using your insurance, consider working with one of our Interns, Fellows or Associate

Level Therapists. Their fees are significantly lower, and all of their work is overseen by our senior staff. Interns are students in a masters degree program. Fellows are clinician's who already have a masters or doctoral degree, but are seeking specialized training from us. Associate Level Therapists are masters level clinicians who are working towards licensure.

Common Questions to ask your insurance company:

- What is the reimbursement rate for an out-of-network provider?
- Do I have a deductible? And if so, how much is it?
- Do I need approval from my primary care provider?
- How many sessions per year do I have coverage for?
- Do you reimburse for VideoConferencing Services?
- What form(s) do I need to submit so that I can be reimbursed?

To help you navigate the world of insurance, we have created a "Cheat Sheet" of what to say.

When you speak with your insurance company, tell them that you are seeing an *"out-of-network-therapist"* and ask them what the *"reimbursement rate"* is for each session.

To help you determine the reimbursement rate, we have listed some common codes. You will need to provide your insurance company with one procedure code, one diagnostic code, the length of the session and the actual cost of the session.

The length of Therapy Sessions:

- 53 minutes Long

Common Procedure Codes:

- 90837 Individual Counseling
- 90847 Family Counseling (this includes couples counseling)
- 90853 Group Therapy

Common Diagnostic Codes:

- Z63.0 Problems in Relationship With Spouse or Partner
- F43.21 Adjustment Disorder with Depressed Mood
- F43.22 Adjustment Disorder with Anxiety
- There are many more codes that we use, but this should be enough to determine your out-of-network rate for mental health counseling. If you are seeking couples counseling, be sure to give the code Z63.0 Not all insurance companies are willing to reimburse for couples counseling.