

Dear Client,

In compliance with the No Surprises Act that went into effect January 1, 2022, all healthcare providers are required to notify clients of their federal rights and protections against “surprise billing.”

This Act requires that we notify you of your federally protected rights to receive a notification when services are rendered by an out-of-network provider, if a client is uninsured, or if a client elects not to use their insurance.

Additionally, we are required to provide you with a Good Faith Estimate of the cost of services (see attached). It is difficult to determine the true length of treatment for mental health care, and each client has a right to decide how long they would like to participate in mental health care. Therefore, attached you will find a fee schedule for the services typically offered to cover the year of 2024, however as work progresses throughout the year we may find we adjust our schedule and meeting consistency effecting the exact annual cost for services.

It is a federal requirement that we have each client sign this form to begin/resume treatment. Please sign and date acknowledging you have read and understand the information presented here before your next appointment and return the signed document before your next appointment. If you have any questions, please don't hesitate to ask.

Thank you very much,  
Mollie Montgomery, LCSW

## Good Faith Estimate for Services with Mollie Montgomery, LCSW

Patient Information
Name:
Date of Birth:
Contact Information:

Provider Information
Name: Mollie Montgomery, LCSW (Mollie Oria)
Provider Type: Private Practitioner
Virtual Office: <a href="https://doxy.me/mmlcsw">https://doxy.me/mmlcsw</a>
Phone: 347-927-0698
Email: mollie@mmontgomerylcsw.com
National Identification Number (NPI): 1184149791
Tax Identification Number (EIN): 84-4829907

Good Faith Estimate
Date Provided:
Services expected (CPT Code):
Diagnostic Code:
Time Frame: 2024
Cost per session:
Meeting consistency: Weekly or Bi-weekly 50 weeks out of the year (2 weeks therapist vacation built in)
Estimated Cost Range:

### 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.

A Good Faith Estimate Range is tailored to each client not using insurance and provided upon the beginning of treatment with consideration given to length of treatment, meeting frequency, and cost per session. These vary by client and situation.

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](http://www.cms.gov/nosurprises) or contact Mollie Montgomery, LCSW at 347-927-0698, [mollie@mmontgomerylcsw.com](mailto:mollie@mmontgomerylcsw.com). 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.

### Services and Fee Chart

Service Code (CPT Code)	Description	Fee
90791	Initial Diagnostic Evaluation (1 <sup>st</sup> Session)	\$185
90834	Psychotherapy (38-52 minutes)	\$185
90837	Psychotherapy (53-60 minutes)	\$185
90839	Crisis Intervention (30-72 minutes)	\$185
90846	Family Psychotherapy without Patient Present (50-55 minutes)	\$185
90847	Family Psychotherapy with Patient Present (50-55 minutes)	\$185
Cancellation Fee	Mollie Montgomery, LCSW requires a 24-hour cancelation fee, or you will be charged the full amount of the session	\$185

*\*Above fee is expected unless a reduced fee has been discussed and agreed upon due to financial need*

Client Name:

Client Signature:

Date: