

Standard Notice: "Right to Receive a Good Faith Estimate of Expected Charges" Under the No Surprises Act.

This good faith estimate is valid for 12 months from the date that you first received it/signed.

PROVIDER NAME: Sabrina Bowen NPI: **1114313731**

TIN -Well counseling and therapy/ SBOWEN AND ASSOCIATES: 83-3802072

Most of this information is also in our website and informed consents. However, to be compliant under the law we must also provide a more detailed explanation of your expected costs.

DIAGNOSIS: mental health professionals give diagnosis to clients that receive services. Most commonly we use z codes which indicate health status and contact with health services. These are usually not reimbursed by insurance. Other codes reimbursed by insurance may include depression, bipolar, adjustment disorders, and any code listed on the DSM-V. The diagnosis given usually does not affect your costs. SERVICE CODE: What affects your costs is the time and service code. All of our first sessions use code 90871 (\$220 for 50 minutes). We also use 90847 (\$220 for 50 minutes and \$330 for 90 minutes) for couples and family therapy; 90837 (for sessions above 53 minutes) and 90834 (for sessions from 38 to 53 minutes) are used for individual therapy. These last two codes vary from \$220 to \$330 depending on how long the session is. We rarely use 90846 but the fee is the same as 90847. Rarely a 30 minute session code 90832 (\$132) may be scheduled. The Prepare and Enrich (premarital package) costs \$1300 total (5 sessions of 90 minutes each - can be scheduled weekly or bi-weekly).

Letter writing, phone calls or emails initiated by the client will be charged at the 50 minute hourly rate (\$220). Clients will be charged only for the amount used to write the letter, respond to email or for phone call. These do not include scheduling or billing issues/questions (those are not charged).

DURATION OF TREATMENT: mental health professionals expect to see their clients weekly or bi-weekly. On rare occasions The well counseling/therapy-Sbowen & Associates agrees that if clinically appropriate a client will be seen less than bi-weekly. The frequency is decided in collaboration with client and therapist -as needed for best treatment. The duration of treatment varies according to each diagnosis and reason for treatment. Also, clients have a right to stop treatment when they desire. We expect to see clients generally weekly so clients should use the fees above and multiply by a maximum of 50 weeks or less to account for vacation/cancellations/illness.

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 us to let us know the billed charges are higher than the Good Faith Estimate. You can ask us 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). 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). 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

#### Client

*sabrina bowen*

Signed by sabrina bowen  
December 30, 2021 at 1:01 pm

IP address: 24.129.68.129