

Jan 2024-Good Faith Estimate for Fees Associated with Health Care Services--Waiver/Consent for Treatment with Out of Network Provider

Rondeau Therapy Services, PLLC
510 Daniel Webster Highway, Unit 1636
Merrimack, NH 03054
617-702-0722

You have a right to be notified of protections against "surprise billing" pursuant to the federal No Surprises Act. This includes notice of when services are to be rendered by a provider who does not participate in your insurance policy and would therefore be considered as "out-of-network".

THERE ARE NO IN-NETWORK PROVIDERS AT RONDEAU THERAPY SERVICES, PLLC

Rondeau Therapy Services, PLLC is considered out-of-network to all patients and assumes all patients are "self-pay" for purposes of the No Surprises Act. We do not collect or store any patient insurance information. We will provide an invoice called a "Super Bill" following each session for clients to maintain and use as they see fit.

We are required to provide you with a Good Faith Estimate for services that are reasonably expected for your care. The Good Faith Estimate will be provided within one business day of scheduling your initial appointment, and the send date is maintained by Rondeau Therapy Services, PLLC. If you are billed more than the Good Faith Estimate provided, you may have the right to dispute your bill.

To keep your upcoming scheduled appointment, please complete this and all forms sent to you.

REQUESTING OUT OF NETWORK REIMBURSEMENT

Rondeau Therapy Services, PLLC and its providers do not convenience bill or guarantee any reimbursement by an insurance policy. We do not complete any additional paperwork or telephone engagement for client's seeking out of network reimbursements.

By signing this form:

- I understand I am responsible for paying all fees directly to Rondeau Therapy Services, PLLC ahead of the scheduled service.

WAIVER NOTICE REGARDING OUT OF NETWORK SERVICES

By signing this form I am expressing that:

- I understand I may pay more for services with Rondeau Therapy Services, PLLC as an out of network provider and that similar services may be available for a lesser cost through an in-network provider covered by my insurance policy.
- I waive my right to receive this disclosure notice prior to any and all pre-scheduled future appointments. A new Good Faith Estimate will be provided annually or upon a change in service rates during the same calendar year in which this waiver is completed. A copy of this Good Faith Estimate is also available upon request.

RECURRING THERAPY SERVICES

Therapy services are recurring, meaning there will be more than one session for each client. While clients are generally seen weekly, each client is unique, and their needs fluctuate. The frequency of services will be discussed with your provider following your initial evaluation and again as needed.

The amounts provided below are PER SESSION figures. Your total cost for the year will be the cost of a particular session multiplied by the amount of times you were seen for that type of session.

THERAPY SERVICES AND FEES

Initial Diagnostic Evaluation/Individual—\$275—per session. Can be billed for the first 1 to 3 sessions when initiating or reinitiating therapy services, depending on need. (CPU Code 90791)

Note for family/couples counseling: an Initial Diagnostic Evaluation is required for all parties to be involved in the counseling sessions at the cost of \$275 for EACH participant evaluation session.

Follow-Up Individual Therapy Session—\$275—per session

CPU Codes: when booking for individual therapy sessions, you are paying to reserve a time slot. Rondeau Therapy Services does add a CPU/Billing code to each attended session based on how much face-to-face time was spent in session.

- 90832—16 to 37 minutes
- 90834—38 to 52 minutes
- 90837—53 to 60

Note on sessions beyond 60 minutes: these will be billed an additional \$60/every 15 minutes beyond the original 60 (rounded up to the nearest 15). The CPU code of 90837 will be the only code associated with this.

Follow up Couple or Family Session—\$300—per session (CPU Code 90847)

Group Therapy Session/Group Workshops—\$100 per client per session—these are committed to and paid for in sets ahead of time according to the group structure.

- For group therapy sessions, the CPU Code is 90853
- For group workshops, there will be no CPU code and these are not reimbursable by insurance.
- The distinction between these two will be noted in information for the group.

YEARLY READJUSTMENTS

Rondeau Therapy Services will reevaluate the fees associated with services on an annual basis in January of each year. For clients initiating or reinitiating a new episode of care, the new rates will go into effect immediately. For clients already engaged in an active episode of care, they will go into effect each February 1st of that year.

NON-THERAPY SERVICES WITHIN THE OFFICE THAT PERTAIN TO TREATMENT

Occasionally, clients request services from their provider outside of typical therapy services such as the need for frequent calls or check-ins outside of therapy appointments and lasting longer than 5 minutes, reviewing paperwork and evaluations, writing letters summarizing services or completing forms, attending meetings virtually or off site that are not therapy sessions (for example an IEP meeting). There are no billing codes associated with these services.

Any office tasks, phone calls, attendance at meetings virtually or out of office will be billed to the client in 15-minute increments at \$60/15 minutes.

Meetings off-site will also include fees for travel time to and from the meeting, and overnight time if lodging is required (at provider's discretion). Cost for the providers' lodging, food, tolls, etc. will also be the client's responsibility.

See my Court Policy for more information regarding court requests and costs, and legal proceedings.

A NOTE ABOUT DIAGNOSIS

This Good Faith Estimate is being provided for the purposes of: Z71.9 Counseling Unspecified

Providers at Rondeau Therapy Services are licensed professionals providing healthcare services. Due to this we do identify the most appropriate diagnostic code(s) for each client participating in services with us. These diagnostic codes will be included on the Invoice/Super Bill you receive following a therapy service.

You may not fit the criteria for a mental health diagnosis at all, in which case we will use a general counseling code. Please feel free to speak with your provider if you have any questions.

PROVIDER INFORMATION

Rebecca Rondeau, LICSW, MLADC Rondeau Therapy Services, PLLC

- EIN: 86-2382943
- NPI: 1366749483
- Group NPI: 1164135067

Licenses:

- NH LICSW—2145
- NH MLADC—1232
- MA LICSW—113859
- ME LICSW—LC20665
- VT LICSW—089.0134653TELE
- DC LICSW—LC0000002
- VA LCSW—0904015393

DISCLAIMER

This Good Faith Estimate shows the cost of items and services that are reasonably expected for your health care needs. The estimate is based on information known at the time the estimate was created. There may be additional items or services the convening provider or convening facility recommends as part of the course of care that must be scheduled or requested separately and are not reflected in the good faith estimate. 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.

The Good Faith Estimate is not a contract and therefore does not require you to obtain the items or services provided. At the foundation of a good therapeutic relationship between client and therapist, is the client's right to autonomy and self-determination. Therefore, you (as the client) have the right to terminate services at any time for

any reason without cost (if cancelled according to the cancellation policy).

You as the client have the right to initiate a patient-provider dispute resolution process if the actual billed charges substantially exceed the expected charges included in the good faith estimate. 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 1-800-985-3059 (<http://www.cms.gov/nosurprises%20or%20call%201-800-985-3059>). For questions or more information about your right to a Good Faith Estimate or the dispute process, visit www.cms.gov/nosurprises or call 1-800-985-3059.

As always, if there are any questions or concerns, please communicate them to your provider so we can help you understand the content of this policy.

By signing this form, I certify:

- That I have read or had this form read and/or had this form explained to me.
- I understand these Services and Fees provided as a Good Faith Estimate.
- That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.