

## NORTH STAR MENTAL HEALTH COUNSELING SERVICES

### Good Faith Estimate / No Surprises Act

On January 1, 2022, a ruling went into effect called the "No Surprises Act" which requires practitioners to provide a "Good Faith Estimate" about out-of-network care. The Good Faith Estimate 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 therapy. 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 and will be provided a new "Good Faith Estimate" should this occur. If this happens, federal law allows you to dispute (appeal) the bill if you and your therapist have not previously talked about the change and you have not been given an updated good faith estimate.

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 "Good Faith Estimate" of expected charges.

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

**Timeline requirements:** Practitioners are required to provide a good faith estimate 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 three business days before the appointment date, no later than one business day after the date of scheduling;
- If the service is scheduled at least 10 business days before the appointment date, no later than three business days after the date of scheduling; or
- If the uninsured or self-pay patient requests a good faith estimate (without scheduling the service), no later than three business days after the date of the request. A new good faith estimate must be provided, within the specified timeframes if the patient reschedules the requested item or service.

### Common Services/CPT Codes at North Star:

90791 Intake Assessment (45-55 min)  
90837 Psychotherapy 60 min (53+ minutes)  
90834 Psychotherapy 45 min (38 - 52 minutes)  
90832 Psychotherapy 30 min (16 to 37 minutes)  
90847 Family Psychotherapy (50 min)  
90846 Family Psychotherapy without Patient Present (50 min)

### Common Diagnoses Codes at North Star:

Please note the following codes are not an exhaustive list. Diagnosis codes change on a variety of factors and should be discussed with your therapist.

- F43.23 Adjustment Disorder with mixed anxiety and depressed mood
- F41.1 Generalized Anxiety Disorder (GAD)
- F33.0 Major Depressive Disorder (MDD)
- F34.1 Persistent Depressive Disorder

- F31.11 Bipolar Disorder
- F43.12 Post-Traumatic Stress Disorder (PTSD)

### Client Diagnosis Information

At North Star, a diagnosis is required for clinical, ethical, legal, and insurance requirements, as well as the "No Surprise Act." At this time, since we have not yet assessed you, your Good Faith Estimate diagnosis is:

Primary Diagnosis: F99. Mental Health Disorder, Not Otherwise Specified

Secondary Diagnosis: Z73.3 Stress, Not Otherwise Specified

Please note, these diagnosis requirements are listed to satisfy requirements of this form. This is not a formal psychological diagnosis. A formal diagnosis will be made after your initial assessment has been completed in approximately, one to five sessions. If you choose to decline a formal diagnosis, we will not update this GFE. It is within your right to decline a diagnosis by state and federal guidelines.

North Star recognizes every client's therapy journey is unique. How long you need to engage in therapy and how often you attend sessions will be influenced by many factors including, but not limited to:

- Severity of symptoms
- Your personal availability and life circumstances
- Therapist availability
- Ongoing life challenges
- The nature of your specific challenges and how you address them
- Personal finances

You and your therapist will continually assess the appropriate frequency of therapy 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.

### Location of Services:

We offer in-person sessions at our centralized office in Commack, NY. We also offer telehealth/virtual sessions throughout the entire state of New York through our secure HIPAA compliant platform, IntakeQ.

**Address:** 368 Veterans Memorial Hwy, Suite 3, Commack, NY 11725

### Clinicians and Costs at North Star:

Licensed Mental Health Counselors	Mental Health Counselors-Limited-Permit	Interns
Individual (55 min) \$200 Individual (45 min) \$150 Family/Couples (50 min) \$200 Individual (30 min) \$100	Individual (55 min) \$200 Individual (45 min) \$150 Family/Couples (50 min) \$200 Individual (30 min) \$100	Individual (55 min) \$60 Individual (45 min) \$60 Family/Couples (50 min) \$60 Individual (30 min) \$60

\*Occasionally we do see clients for less than the above prices, under special circumstances, but never more. Please note that these prices above are the absolute most that clients will ever have to pay per session out-of-pocket.

### Estimated Costs of Services:

\*The large majority of our clients attend therapy once per week. Clients are never seen more than twice

per week and never less than once every other week, unless special circumstances arise or cancellations occur. Therefore we will be breaking down the below costs based on the frequency of one session per week. We also do not formally offer 30 minute sessions to clients, but occasionally a 30 minute session will occur if there is an emergency during session and the session has to end early. To calculate how much the cost will be if a client comes twice per week, please multiply each number by two. To calculate how much it will cost if a client comes once every other week, please divide each number by two. Please also note that occasionally clients stay in treatment longer than one year due to their specific clinical needs. Clients often stay in treatment much shorter than one year as well, but we are creating the below table based on 52 weeks in an effort to convey an estimate of the cost of how much services would be for one full year.

Please do not hesitate to reach out to us if you have any questions or concerns, as well as if you would like a renewed Good Faith Estimate, you can call us at (631) 533-0315 or email us at [hello@northstarlongisland.com](mailto:hello@northstarlongisland.com).

**52 Weeks of Service (Approximately 12 Months)**

	LMHC	MHC-LP	Intern
Individual Psychotherapy (55 min)	\$10,400	\$10,400	\$3,120
Individual Psychotherapy (45 min)	\$7,800	\$7,800	\$3,120
Family/Couples Therapy (50 min)	\$10,400	\$10,400	\$3,120

By signing below, I acknowledge that I have read and understand this form and agree to the contents here with

\_\_\_\_\_

Client Signature

\_\_\_\_\_

Date