

GOOD FAITH ESTIMATE

The following is an **example** of GFE for a patient that is available orally and/or in writing upon request when scheduling an appointment.

***Patient Name:** Jane Doe DOB: 10/1/2000 ***Patient Contact Information:** (email, address, phone number): jane.doe@gmail.com, 100 Main Street, Anytown, CA, 90000 ***Primary Service requested/scheduled, primary diagnosis and dx code:** an example would be: "Initial Psychiatric Evaluation 90792 (for new patients only):

List of Fees for Services Provided including applicable CPT codes:

90792 Psychiatric Diagnostic Evaluation with Medical Services, 90 minutes: \$750
99213 Office evaluation and management service, 30 minutes: \$275 (rate is lower as it is paired with a 90833 visit)
99214 Office evaluation and management service, 30 minutes: \$375.
90833 Psychotherapy, 30 minutes: \$275
90836 Psychotherapy, 45 minutes: \$400
90838 Psychotherapy 60 minutes: \$475
Please note the CPT modifier of 95 will appear for services rendered via Telehealth.

***Date of Good Faith Estimate (GFE):** January 1, 2024

*Insurance reimbursement rates vary and have a deductible that must be met before any reimbursement returns to the insured. This office does not bill insurance but provides you with needed documentation to file yourself.

*This office is **NOT** a Medicare Provider. If you have Medicare insurance and wish to work together, we will be under a private pay contract.

***Estimated cost for new patients for first year:** \$2,725 [Initial visit: \$750; 1st follow-up visit: \$475; plus 4 additional visits within next 12 months (\$375) x (4 visits)]

***Estimated Cost for established patients for subsequent year:** \$1,900 (\$475 x 4) or \$1500 (\$375 x 4)

I anticipate your treatment will require [weekly/semi-monthly/monthly/quarterly] XX-minute psychotherapy sessions and or medication management in addition to [weekly/semi-monthly/monthly/quarterly] evaluation and management services throughout the next 12 months at [X dollars] per session for a total of [x weeks] taking into consideration availability (reduce as appropriate for things like vacations, holidays, emergencies, sick time) for an estimated total of [fee per session] x [number of weeks]. Depending on [insert applicable factors], you may need between X to Y more visits this year. At [\$ per visit] the estimated total costs are between X and Y [fee per visit times the number of visits].

Karin Hastik, MD
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NPI: 1457401002
Tax ID: Provided with Receipt

Disclaimers:

There may be additional items or services the convening provider recommends as part of the course of care that must be scheduled or requested separately and are not reflected in the Good Faith Estimate.

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.

This Good Faith Estimate is not a contract and does not require the uninsured (or self-pay) individual to obtain the items or services from Karin Hastik, MD.
