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GOOD FAITH ESTIMATE OF CHARGES FOR UNINSURED OR SELF PAY CLIENTS

As a self-pay or uninsured client, insurance will not be billed for your psychotherapy sessions.

Please note: If you decide at some point to begin using an insurance plan, your prior sessions cannot be billed to that insurance plan.

You are entitled to receive this “Good Faith Estimate” of what the charges could be for psychotherapy services provided to you. While it is not possible for a psychotherapist to know in advance how many psychotherapy sessions may be necessary or appropriate for a given person, this form provides an estimate of the cost of services provided.

Your total cost of services will depend upon the number of psychotherapy sessions you attend, your individual circumstances and the type and amount of services that are provided to you. This Good Faith Estimate shows the costs of this provider's services that are reasonably expected for your health care needs. The estimate is based on information known at the time the estimate was created. Your signature does not require you to receive treatment from this provider.

Please note: Type of services, length of services and diagnosis will be determined after treatment begins. Your therapist will collaborate with you throughout your treatment to determine how many sessions and/or services you may need to receive the greatest benefit based on your diagnosis(es)/presenting clinical concerns. Treatment goals are determined by the client and documented by the provider at the end of the intake. Clients can change their goals at any time. While your therapist might make recommendations, you determine how many sessions you have.

This estimate is not a contract and does not obligate you to obtain any services from the provider(s) listed, nor does it include any services rendered to you that are not identified here.

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.

Disputing a Bill:

You may contact your health care provider 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 about your right to a Good Faith Estimate or the dispute process, or to get a form to start the process, go to www.cms.gov/nosurprises or call HHS at (800) 368-1019.

This Good Faith Estimate is not intended to serve as a recommendation for treatment or a prediction that you may need to attend a specified number of psychotherapy visits. The number of visits that are appropriate in your case, and the estimated cost for those services, depends on your needs and what you agree to in consultation with your therapist.

You are entitled to disagree with any recommendations made to you concerning your treatment and you may discontinue treatment at any time. Most clients will attend one psychotherapy visit per week, but the frequency of psychotherapy visits that are appropriate in your case may be more or less than once per week, depending upon your needs.

Sample treatment cost for one month with weekly attendance:

Based upon a fee of \$130.00 per visit, if you attend one psychotherapy visit per week, your estimated charge would be \$520.00 for four visits provided over the course of one month. Your total estimated charges will increase according to the number of visits and length of treatment.

You have a right to initiate a dispute resolution process if the actual amount charged to you substantially exceeds the estimated charges stated in your Good Faith Estimate (which means \$400 or more beyond the estimated charges). You are encouraged to speak with your provider at any time about any questions you may have regarding your treatment plan, or the information provided to you in this Good Faith Estimate

A full list of fees is in the Office Policies and Procedures form: <https://bkeyworth.com/forms/>

I have reviewed the above policy

Name of client (print)

Date

Signature of client, or guardian if client is a minor

Date