

Good Faith Estimate

Effective January 1, 2022, laws regulating client care have been updated to include the “No Surprises” act, which requires a wide variety of providers to give current and potential future clients a “Good Faith Estimate” (GFE) on the cost of treatment. Below you will find a summary of this requirement.

Effective January 1, 2022, a provider must furnish a self-pay patient with the notice and GFE prior to all scheduled services or by request if the patient is shopping for care (and not yet at the point of scheduling). This includes, but is not limited to, office visits, therapy, and diagnostic tests.

Am I a self-pay patient?

Yes. Since New London Counseling Center does not contract directly with any health insurance plans, all patients are considered self-pay patients. You may still choose to pursue out-of-network reimbursement with your health insurance company.

Estimated Costs:

Below reflects our current session fees. However, you will also be given a personalized Good Faith Estimate to sign before your appointment. The frequency with which clients are seen, and the duration of time in which they are seen, is dependent on client need. The examples are for illustrative purposes only and are not specific to you or your treatment. Instead, they are meant to show the variation of cost over the course of a year. You may also qualify for a reduced rate. Please, contact us to get a personalized Good Faith Estimate.

CPT Code	Description	Rate
90791	Intake/Diagnostic Evaluation	\$100
90837	Psychotherapy (60 minutes)	\$100
90832	Psychotherapy (30 minutes)	\$50
90846/90847	Psychotherapy with family (50 minutes)	\$100
90835	Group therapy (60 minutes)	\$50

For example, if you were seen by a clinician for an intake and then every week for the rest of the year for 60-minute sessions, your total cost would be \$5200 (51 sessions at \$100 plus the intake at \$100).

*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. 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 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 the 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 <https://www.cms.gov/nosurprises> or call HHS at (800) 368-1019. For questions or more information about your right to a Good Faith Estimate or the dispute process, visit <https://www.cms.gov/nosurprises> or call (800) 368-1019. Always keep a copy of your Good Faith Estimate in a safe place or take pictures of it. You may need it if you are billed a higher amount.