



GOOD FAITH ESTIMATE - OCD123

Below is a Good Faith Estimate of Expected Charges for Specialty Behavioral Health, doing business as OCD123 as of August, 2022.

Itemized Charges: - Primary Diagnosis: ICD10 F42: Obsessive Compulsive Disorder
\$400 - Psychiatric Diagnostic Evaluation CPT Code 90791
\$200 - Psychotherapy 45 min, CPT Code 90834
\$200 - Family Psychotherapy 45 min, CPT Code 90847
\$300 - Psychotherapy 90 min, CPT Code 90837
\$100 - Group Therapy 45-90 min, CPT Code 90853
\$50 - Other Psychiatric Services or Procedures 15 min (phone calls), CPT Code 90875

Summary of Expected Charges For Course of Treatment:

\$400 - Initial Evaluation (120 min) - Phase 1
\$500 - 5 Group Sessions - Phase 2 - Group-Based
\$1,000 - 5 Individual Sessions (45 min) - Phase 2 - Individual-Based
\$3,000 - 10 Individual Sessions (90 min) - Phase 3 - Shorter Duration
\$6,000 - 20 Individual Sessions (90 min) - Phase 3 - Longer Duration
\$3,900 - \$7,400 - Total Estimated Cost For Course of Treatment

Under Section 2799B-6 of the Public Health Service Act, health care providers and health care facilities are required to provide a good faith estimate of expected charges for items and services to individuals who are not enrolled in a health insurance plan or have coverage in a federal health care program, or not seeking to file a claim with their plan or coverage. In other words, the estimate is required for what is typically referred to as “self pay clients” or clients who are “paying out-of-pocket.” Because accurate health insurance plan or coverage status may not be available to SBH or the client at the time of inquiry, health insurance coverage can change, or the client may elect to change their mind about utilization of plan or coverage, the estimate is provided to all clients. The estimate is provided both orally and in writing, upon request or at the time of scheduling health care items and services. This written estimate is being provided electronically and will be saved in your record. You may access a copy of this estimate in the client portal in the future, and you may also make a written request that a copy be mailed to you. You may also want to keep a copy of this Good Faith Estimate in a safe place or take pictures of it. You may discuss this estimate and how it may be revised at any time with your provider. If fees increase over the course of your treatment, you will be provided notification of the fee increase. Due to the nature of psychotherapy, it is not possible to predict the provision of psychological services in terms of the actual number and type of sessions, so ranges of costs are provided based upon an initial evaluation, shorter term therapy up to 16 visits (weekly visits for 4 months), and longer term therapy up to 52 visits (weekly visits for 1 year). The main intent of this this estimate is to prevent unexpected charges for clients.



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Some disclaimers to note:

- The provider may recommend additional items or services as part of the treatment that are not reflected in the estimate. These would need to be scheduled separately. Only the Initial Evaluation (\$400) is scheduled at the outset of services.
- The information provided in the Good Faith Estimate is only an estimate, as actual items, services, or charges may differ based on number of sessions attended.
- The client has the right to engage in a dispute resolution process if the actual costs of services significantly exceed those listed in the Good Faith Estimate.
- The Good Faith Estimate does not obligate or require the client to obtain any of the listed services from the provider. This is not a contract or agreement.
- 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. There is no fee to make this request to the provider.
- 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 HHS 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, get help, and get a form to start the process, go to www.cms.gov/nosurprises or call 1-800-985-3059.

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