

SUNSTONE PSYCHIATRIC

In compliance with the No Surprises Act that went into effect January 1, 2022, all healthcare providers are required to notify clients of their Federal rights and protections against “surprise billing.”

This Act requires that we notify you of your federally protected rights to receive a notification when services are rendered by an out-of-network provider, if a client is uninsured, or if a client elects not to use their insurance.

Additionally, we are required to provide you with a Good Faith Estimate of the cost of services (attached). It is difficult to determine the true length of treatment for mental health care, and each client has a right to decide how long they would like to participate in mental health care. Therefore, attached you will find a fee schedule for the services typically offered by your clinician, and we will collaborate with you on a regular basis to determine how many sessions you may need.

It is a Federal requirement that we have each client sign this form to begin/resume treatment. Please sign and date before your next appointment and return the signed document before your next appointment. If you have any questions, please don't hesitate to ask.

Thank you very much,

Sunstone Psychiatric, LLC
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Tax ID: 82-1598188
Group NPI#: 1457856148

Good Faith Estimate

Diagnosis: Your diagnostic code can be shared upon request within the first couple of sessions, once we feel more confident about your diagnosis.

Out-of-network provider(s) or facility name: Sunstone Psychiatric, LLC

The amount below is only an estimate; it isn't an offer or contract for services. This estimate shows the estimated costs of the items or services listed. It doesn't include any information about what your health plan may cover. This means that **the final cost of services may be different than this estimate.**

A federal law that went into effect on January 1, 2022, requires that healthcare providers provide out of network and cash pay clients an estimate of costs for their next year of treatment. This can be challenging in mental health care as it can take a few sessions before we establish a diagnosis and proposed treatment plan. Additionally, cost can vary based on time as well as complexity. That said, we want to do our absolute best to comply with this law.

Average out of pocket costs for therapy with a Licensed Clinical Social Worker per year:

Average out of pockets costs for a year of weekly therapy:

Intake - 90791 - 1 - \$225

Ongoing - 90837 - 46 weeks - \$175

Total 60 minute weekly treatment: \$8,275 out of pocket

Average out of pockets costs for a year of bi-weekly therapy:

Intake - 90791 - 1 - \$225

Ongoing - 90837 -23 weeks - \$175

Total 60 minute weekly treatment: \$4,250 out of pocket

Average out of pocket costs for medication management with a Psychiatric Nurse Practitioner per year:

Intake - 99204 - \$425

Follow up (every 4-12 weeks) - 99214 - \$225

Supportive therapy with medication management - 90833 - \$150

Average total with 4 week follow ups: \$3,125

Average total with 12 week follow ups: \$1,325

Average out of pocket costs for medical nutrition therapy with a Registered Dietitian per year:

Initial Intake - 97802 - \$80 per 15 min - \$480

Follow up - 97803 - \$70 per 15 min - \$280

Average total with monthly follow ups: \$3,840

Contact your health plan to find out how much, if any, your plan will pay and how much you may have to pay.

Disclaimer

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.

To learn more and get a form to start the process, go to www.cms.gov/nosurprises or call Sunstone Psychiatric, LLC at 503-477-7878.

GOOD FAITH ESTIMATE
TABLE OF SERVICES AND FEES

THERAPY SERVICES AND FEES (LCSW)			
Date of Service (If Known)	Service code (CPT Code)	Description	Fee for Service (Number of Sessions Will Be Determined as We Progress)
	90791	Initial Diagnostic Evaluation	\$225
	90832	Psychotherapy, 16-37 minutes	\$110
	90834	Psychotherapy, 38-52 minutes	\$150
	90837	Psychotherapy ≥ 53 minutes	\$175
	90839	Psychotherapy for a Crisis (30-60 minutes)	\$185
	+90840	Psychotherapy for a Crisis (add on code for each additional 30 mins)	\$100
	90846	Family Psychotherapy without Patient Present, 50 minutes	\$185
	90847	Family Psychotherapy with Patient Present, 50 minutes	\$185
	90853	Group Psychotherapy	\$50
	98966-98968	Telephone Assessment & Management (11-20)	\$50
	98966-98968	Telephone Assessment & Management (20-31)	\$75
	98970-98972	Online Digital Evaluation & Mgt (Responding to Email & Text Messages)	Prorated based on the amount of time spent at hourly rate
	Cancellation Fee	Your Therapist Requires a 48-Hour Cancellation Fee	You are Responsible for the Fee of the Appointment Missed
	Paperwork Fee	Completion of paperwork, per 15 mins	\$30
There may be additional fees for services such as production of records, legal fees. These fees will be discussed as appropriate.			
	Total Estimate:		
Please note that Place of Service (in office vs. telemental health) is not delineated above since the charges are identical.			

PSYCHIATRIC NURSE PRACTITIONER SERVICES AND FEES (PMHNP)

Date of Service (If Known)	Service code (CPT Code)	Description	Fee for Service (Number of Sessions Will Be Determined as We Progress)
	99203	Initial Intake E&M MIN	\$375
	99204	Initial Intake E&M 45-59 MIN	\$425
	99205	Initial Intake E&M 60-74 MIN	\$475
	99213	Follow up E&M 20-29 MIN	\$200
	99214	Follow up E&M 30-39 min	\$225
	99215	Follow up E&M 40-45 MIN	\$325
	90833	Therapy w/ E&M 30 MIN	\$150
	90836	Therapy w/ E&M 45 MIN	\$200
	90838	Therapy w/ E&M 60 MIN	\$250
	90839	Crisis 60mins	\$320
	90840	Crisis each additional 30	\$150
	90846	Tx, Family w/o Client, 50 mins	\$250
	90847	Tx, Family w/ Client, 50 mins	\$250
	96127	Brief Emotional/Behavioral Assessment	\$45
	98970-98972	Online Digital Evaluation & Mgt (Responding to Email & Text Messages)	Prorated based on the amount of time spent at hourly rate
	Cancelation Fee	Your Provider Requires a 48-Hour Cancelation Fee	You are Responsible for the Fee of the Appointment Missed
	Paperwork Fee	Completion of paperwork, per 15 mins	\$30

There may be additional fees for services such as production of records, legal fees. These fees will be discussed as appropriate.

Total Estimate:

Please note that Place of Service (in office vs. telemental health) is not delineated above since the charges are identical.

