CENTER FOR BETTER THERAPY

1001 N Goliad St.
Rockwall, TX 75087
PHONE: 972-366-5966 | EMAIL: Jessie@centerbettertherapy.com

NO SURPRISES ACT AND GOOD FAITH ESTIMATE

Center For Better Therapy PLLC currently accepts insurance through Headway or you have the option to pay privately without using insurance. Please be aware that insurance requires medical necessity and a mental health diagnosis regardless of the client's reason for attending therapy. This diagnosis will stay on your record as a pre-existing condition and could impact future career opportunities as well as health coverage. Additionally, insurance plans with high deductibles require that clients meet their deductible before they will begin any coverage. By opting out of insurance, the therapist may use their professional judgment in determining how long a client may benefit from therapy, rather than having the insurance company dictate length of treatment based on what they are willing to cover. There are no guarantees that insurance will accept out-of-network coverage.

By signing this form, you are voluntarily opting out of using your insurance. You agree to pay out of pocket for all service rates at the time of service, which have been discussed verbally and in writing to you. The Good Faith Estimate cannot predict additional fees, including but not limited to legal paperwork costs and missed appointment fees, and can only estimate approximate cost of attending therapy sessions.

By my signature below, I hereby state that I have read, understood, and agree to the terms of this document.

_____

Print Client Name

_____ _____

Client/Legal Representative Signature Date

CENTER FOR BETTER THERAPY

GOOD FAITH ESTIMATE (GFE) and FEE DISCLOSURE

Client Name: _____ **DOB:** _____

Address: _____

Phone: _____ **Email:**_____

GFE Valid for 12 consecutive Calendar months from Date: _____

This Good Faith Estimate is provided by:
Center For Better Therapy PLLC
Agency Tax ID/EIN: 88-0606945
Jessie Groth - NPI: 1295353662

Services will be provided by telehealth or in-person at:
1001 N Goliad St.
Rockwall, TX 75087

At Center For Better Therapy PLLC, we recognize that every person's journey is unique. How long and how often you need to engage in therapy can be influenced by several factors:

- Your schedule
- Therapist availability
- Ongoing life challenges
- Personal finances/Sliding Scale Fee

Below is a breakdown of expected estimated fees based upon frequency/duration of treatment at our standard rates.

Chart A represents fees for clients who attend 1 – 53 minute initial assessment ($150.00) and subsequent, weekly 53 minute follow-up sessions ($125.00) for an average of every third week for a year.

CHART A

Type of Session (CPT Code)	Number of Sessions (frequency listed in parentheses)	Cost Per Session	Total Estimated Charges
Initial Assessment (90791)	1	$150.00	$150.00
53 Minute Follow-up (90837)	17 (every third week)	$125.00	$2,125.00

Chart B represents fees for clients who attend 1 – 53 minute initial assessment ($150) and subsequent, weekly 53-minute follow-up sessions for an average of every other week for a year.

CHART B

Type of Session (CPT Code)	Number of Sessions (frequency listed in parentheses)	Cost Per Session	Total Estimated Charges
Initial Assessment (90791)	1	$150.00	$150.00
53 Minute Follow-up (90837)	25 (every other week)	$125.00	$3,125.00

Chart C represents fees for clients who attend 1 – 53 minute initial assessment ($125) and subsequent, weekly 53-minute follow-up sessions for an average of every week for a year.

CHART C

Type of Session (CPT Code)	Number of Sessions (frequency listed in parentheses)	Cost Per Session	Total Estimated Charges
Initial Assessment (90791)	1	$150.00	$150.00
53 Minute Follow-up (90837)	51 (every week)	$125.00	$6,375.00

An updated estimate will become available when clients change frequency of appointments per client's request, and/or when clinician fees change.

This is not a contract and therapy may be discontinued at any time. Please inform your provider if you have any questions or concerns.

I have read and understand the information provided above regarding my Good Faith Estimate, have discussed it with my therapist, and all of my questions have been answered to my satisfaction. By my signature below, I hereby state that I have read, understood, and agree to the terms of this document.

_____

Print Client Name

_____ _____

Client/Legal Representative Signature Date

You have the right to receive a "Good Faith Estimate" explaining how much your medical care will cost

Under the law, health care providers need to give patients who don't have insurance or who are not using insurance an estimate of the bill for medical items and services

- You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services. This includes related costs like medical tests, prescription drugs, equipment, and hospital fees.
- Make sure your health care provider gives you a Good Faith Estimate in writing at least 1 business day before your medical service or item. You can also ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule an item or service.
- If you receive a bill that is at least $400 more than your Good Faith Estimate, you can dispute this bill.
- Make sure to save a copy or picture of your Good Faith Estimate.

For questions or more information about your right to a Good Faith Estimate, visit www.cms.gov/nosurprises.