

## Good Faith Estimate for Health Care Items and Services Updated September 29, 2025

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#### **Provider Information**

Kelly Pickens, APNP, FNP-BC, ADC-C, ADHD-CCSP

Individual NPI: 174281401

EIN: <u>88-3786569</u>

- Wisconsin APNP Family Nurse Practitioner License #2602-033 (expires 9/30/2026).
- Wisconsin RN License #150438-30 (expires 3/29/2026).
- Family Nurse Practitioner, Board Certified, American Nurse Credentialing Center #0383146 (expires 10/31/2028).
- American Institute of Healthcare Professionals: Certified Attention Deficit Consultant (expires 7/26/2026).
- Evergreen Certification: Attention-Deficit/Hyperactivity Disorder Certified Clinical Services Provider (expires October 2027)

Location of Services: We provide services via telehealth and in-person at 6441 Enterprise Lane, Suite 210, Madison, WI 53719.

You are entitled to receive a "Good Faith Estimate" for your expected services. While it is not possible to know in advance how many sessions may be needed or provided for each patient, we have provided this estimate based on what the charges could be for your services as of the date above.

This Good Faith Estimate is not intended to serve as a recommendation for treatment or a requirement that you need to attend a specified number of visits. We'll recommend the

number of sessions after your initial consultation. Together, we'll decide what's best for you based on your unique needs. The total cost of services may depend on your progress, how many sessions you attend, and whether you request additional sessions. You're always in control of your journey, and you can stop services at any point if you choose.

If you have any questions about your treatment plan, payment options, or the information provided in this Good Faith Estimate don't hesitate to reach out! We're here to help.

## Estimate Details

The following is a detailed list of expected charges for services that would be potentially provided by Undivided Attention for evaluation.

Service	Diagnosis Code <sup>1</sup>	Service code	Quantity	Cost per unit	Expected cost
NICE Index (Neurodivergent Identity and Comprehensive Experience) ADHD Evaluation 2 60-minute Interviews	F90.0; F90.2; F90.9; F84.0		1	\$3000	\$3000
3 <sup>rd</sup> Party Cognitive and Mental Health Assessments and Interpretation			1	\$0	\$0
90-minute Feedback session			1	\$0	\$0

# The total cost of the Undivided Attention NICE Index ADHD and Autism evaluation is \$3.000.00.

## Payment is expected in full once the evaluation process has been initiated.

A \$500 fee will be assessed as a non-refundable 'deposit' when the first Interview appointment is scheduled.

The remaining \$2,500.00 balance will be processed at the start of the first Interview Session.

## **Description of Services:**

The Interview and Feedback sessions are a discovery process not limited to diagnosis. We will be conducting a thorough symptom analysis that will guide the management plan. The Interview Process is conducted over 2 60-minute sessions in which we'll get to know you better by asking about: educational history, social/relationships, legal history, occupational history, past medical history, medications, surgeries, family history, alcohol and substance use, sensory profiles, current symptoms, severity, and areas of executive dysfunction, and negative impacts. We will also conduct, time permitting, a brief, limited physical exam possibly including blood pressure, 6-Lead ECG (if needed), and weight. If there is documentation from external providers needed to aid in the diagnosis, you will be asked to sign Release of Information forms.

## Testing:

You will then be asked to complete, on your own time, if possible, remote assessments of your cognitive status, mental health surveys, and a character strengths survey. If needed, there is an option for you to utilize time, space, body doubling, and technology here in the office to complete this work for a fee of \$75 per 180 minutes.

This evaluation will explore the possibility of ADHD as well as the less obvious presentation of Autism Spectrum, PTSD, Bipolar Disorder, OCD, Substance abuse, Depression, Anxiety, Sensory Processing issues, Alexithymia, and more. We will also utilize standardized rating scales to evaluate the impact of your symptoms on your daily functioning objectively.

This approach to your evaluation is neuro-affirming and should be viewed as a collaborative exploration of your identity. The goal is to help you align your internal experience of the world with your external experience so that you can become your whole, integrated, authentic self.

Click here for an example of the NICE Index Feedback Results

#### **Feedback and Treatment Plan:**

If it does not appear to be ADHD, you will receive a thorough explanation of how that conclusion has been reached and provided with resources and referrals for services appropriate to your unique needs.

<u>If ADHD is revealed</u>, you may be invited, space allowing, to enroll in the Undivided Attention Signature ADHD Management Program – <u>Neurodivergence by Design</u> which includes <u>The Interest & Identity Series</u>.

Our signature multi-modal program provides you with dynamic, comprehensive, and holistic support. It includes comprehensive diagnostic exploration of physical conditions that could impact symptoms and responses to treatment, medication management, psychoeducation, group and individual counseling, and access to supportive neurodivergent community.

The Interest & Identity Series<sup>™</sup> is a program that provides information critical to your ability to manage your health. This is a pioneering and paradigm-shifting deep psycho-educational dive into the ADHD and AuDHD nervous system, how it is different from a 'typical' nervous-system, and how it impacts your day-day functioning and your general mental and physical health. And finally, what to do about it. This takes place over 6 60-minute sessions (~30 minutes of content followed by ~30 minutes of Q&A) which are offered as virtual small-group sessions.

Our goal is to set you up for the best possible outcomes. The evaluation process, and the management program that follows it, is cutting edge, evidence-based and designed precisely for this purpose, even if you have previously been evaluated for, and diagnosed with ADHD\*\*\*.

Neurodivergence by  $\mathsf{Design}^\mathsf{TM}$  is a tiered, dynamic support program that supports your needs as they change.

## 1. Program Description

Neurodivergence by Design™ is a premium, multi-modal support program for adults with ADHD and AuDHD. Services are provided under a subscription model to ensure predictable costs, continuous access, and care tailored to the client's changing needs.

Your membership includes:

- Direct access via secure messaging for questions or concerns between visits
- Longer appointment times, allowing for thorough evaluation and treatment planning
- Fewer total patients, ensuring more responsive and attentive care
- Coordination with other care team members when appropriate
- Neuro-affirming community support

This model is designed to be comprehensive, reduce delays, increase support, and allow for more relationship-based neurodivergence care.

Access the Frequently Asked Questions here

## 2. Membership Levels and Associated Financial Investment

## **Standard Levels per Subscription Outline:**

Access the membership outline presentation here:

## OFFICIAL SUBSCRIPTION MODEL OUTLINE.pptx

- **Level 1: Discovery** \$700/month, 3-month minimum commitment. Includes up to 4 30-minute visits per month, unlimited messaging, medication consultation visit, ongoing medication management, lab ordering and review, psychoeducation series, care coordination, all community events, workbooks, and other digital resources.
- Level 2: Exploration \$500/month, 3-month minimum commitment. Includes 1 30-minute visit per month, up to 6 condition update messages per month, medication prescribing, lab monitoring, limited coordination, all community events workbooks, and other digital resources.
- Level 3: Resilience \$225/month, cancel anytime. Includes and requires one 30-minute visit per quarter (one in-person per year), medication prescribing, 1 condition update message per month, group workbook walkthroughs, all community events.
- **Family Plan** One family member enrolled at standard rate (Levels 1–3). Additional family members may enroll at \$99/month per person. Each member has their own individualized treatment plan and visits, but billing is discounted for each additional family member.
  - Note: Family Plan members may not combine or transfer visits between accounts.

**Unused visits** do not roll over to the next month. Collaborative meetings with other care team members may count as visits.

#### **Condition Update Messaging** refers to messages that require:

- New or significant change in prescription
- Ordering a referral or labs
- New symptoms or medical problem(s)
- Follow up from a visit with a different provider

For complex questions, we may recommend a check-in visit or apply billing at a rate of \$210/hr. This helps preserve the quality of care and ensures messaging remains a helpful and efficient tool.

#### Change in condition mandating higher frequency or intensity of care:

A change in condition may result in episodic visits. Up to 1 visit per month, beyond plan allotment, will be billed at the usual rate of \$210/hour. If more are needed to manage the change in condition, transition to higher level for 90 days will be required.

## 3. Terms of Payment

- Payment is billed monthly via the credit card on file.
- A valid card is required for enrollment; failed payments suspend services until updated and a \$25 service fee may be applied for failed payment attempts.
- Fees are non-refundable unless otherwise required by law.

## 4. Cancellation & Re-Enrollment

- Cancel any time after completing minimum tier commitments without incurring a fee.
- Re-enrollment may depend on availability, requires provider approval, and may include a reactivation fee equal to one month's membership at the previous level.
- Upon cancellation of services, one final month of medication refills will be provided in the following month.

## 5. Transitions Between Levels

- Movement between levels is expected and guided by clinical judgment and client needs.
- Customized levels (e.g., Tier 4, Family Plan, and Scholarship) are negotiated individually, based on eligibility criteria, and documented in the client's signed agreement.

## 6. Additional Services & Fees

The following are billed separately at \$210/hour, in 15-min increments:

- Documentation for FMLA, school/work accommodations, or disability paperwork.
- Messaging beyond tier limits.
- Additional visits outside tier allotments.
- Formal coordination meetings outside of tier allotment.

## **Neurodivergent Allies** (a support plan for loved-ones): \$50/month.

## a. Who is eligible?

i. Partners, parents, or other important support persons of current clients as long as the client has provided written consent and release of information.

#### b. What's included?

- i. Join the Interest & Identity Series
- ii. Up to 1 email exchange per month (requires written consent/ROI granted by client) AND up to 1 30-min phone or video call per month
- iii. Workbooks, resource sharing, and care coordination
- iv. \*If enough interest: Quarterly Online Loved-Ones Group Support Sessions

#### **Prior Authorizations:**

- Most medications prescribed by Undivided Attention are covered by insurance, but insurance companies sometimes require prior authorization for certain expensive or brand name medications.
- We cannot guarantee a medication prescribed will be covered by your insurance, but
  we will do what we can to make it as likely as possible by submitting medical justification
  to your insurance company.
- If the time involved with this process exceeds 30 minutes, we may bill for it at the usual hourly billing rate.

## 7. Client Responsibilities

Clients agree to:

- Maintain accurate health and contact information (including details requested when submitting for medication refill requests).
- Keep an active card on file.
- Attend scheduled appointments or cancel with 24+ hours' notice.
- Engage in recommended services and supports.

#### Missed Sessions:

- The appointment time is reserved for you, so it is important that you attend and are on time.
- If you are late, your appointment will still conclude at the end of your scheduled appointment, or your appointment may have to be forfeited if you are more than 10 minutes late.
- If you miss or have to cancel an appointment, please reschedule within 30 days.
- Missed appointments without notification will result in a service fee of \$25.
- If we do not hear from you within 90 days of a cancelled or missed appointment we will assume you are receiving your care elsewhere and administratively discharge you from the program.
- Please be aware that once discharged, re-enrollment may be limited by availability and will be subject to the re-enrollment fee as previously described.

## 8. Program Limitations

This membership does **not** include:

- Emergency or crisis services.
- Inpatient or hospital-based care.
- Disability evaluations/emotional support animal evaluations/forensic or legal testimony.
- Standardized test accommodations (e.g., MCAT).
- Responding to client calls, texts or emails after regular operating hours or during weekends, vacation or holiday periods.

 Urgent medication refills - medication refill requests will be responded to within 3-5 business days, please plan accordingly.

## 9. Communication

- Depending on tier, communication may include portal or phone messaging. Providers respond within 2–3 business days. Messaging is for non-urgent concerns only.
- All messaging and communication should take place within the Electronic Health Record (EHR).
- Messages received outside the EHR will be copied, pasted and responded to within the EHR.
- The Undivided Attention EHR is CharmHealth: <u>UA Charm Client Portal</u>

## 10. Termination of Agreement

Undivided Attention may terminate a client's membership in the program if:

- Payments lapse.
- There is a repeated pattern of missed appointments.
- Provider determines services fall outside scope or a higher level of care is needed.

## 11. Confidentiality:

Your mental health care is confidential. This means your protected health information will not be shared with anyone else without your permission except in specific situations where prior authorization is needed, or where the law requires disclosure

#### These situations include:

- 1. Concerns about child abuse or neglect
- 2. Risk of serious harm to you or someone else
- 3. Grave disability (when a person is unable to care for their basic needs due to mental illness)

4. A court order or legal proceeding requiring disclosure

At times, we may consult with other professionals to ensure you are receiving the best possible care. These consultations do not include your name or identifying details.

If another person (such as a family member or friend) is helping pay for your treatment, they will not receive any confidential information unless you provide written permission.

## More to come...

## **Future Services May Include:**

- Community Support Gatherings/Community Expert Webinar Series
- Celebration Events
- Body Doubling Groups
- Neurocrafting
- AuDHD Art Therapy
- •Other Coaching/Somatic Therapies/Occupational Therapy/ADHD Organization Coaching Opportunities
- Alpha-stim Treatment
- Neurodivergence by Design™ ADHD Management Strategies App

## What is the value to you with this approach?

- Comprehensive evaluation informed by the latest, up-to-date research providing rich, meaningful information to deepen your insight into your experiences of the world.
- A signature ADHD 'coaching/psychoeducational' program (the cost of which alone can range up to \$2000) designed to give you an unparalleled understanding of your ADHD and coexisting conditions.
- Proprietary ADHD Workbook that will provide ADHD education, opportunities for self-exploration, and medication effectiveness tracking, in addition to countless other resources.
- Medication management.

- A unique, state-of-the-art, multi-modal treatment approach that is not readily available elsewhere.
- Better outcomes!

#### **Financial Matters:**

We understand this is a significant financial investment. Investing in your health is just that - an investment with long-term returns.

Services rendered by Undivided Attention are Health Savings Account and Flexible Spending Account eligible.

Undivided Attention is out-of-network with all insurance providers including Medicare and Medicaid. Upon request, a superbill can be provided to you however we are unable to guarantee any insurance reimbursement or application of these out-of-pocket expenses to your annual deductibles.

## **Disclaimers**

- Ø This Good Faith Estimate is not a contract. It does not obligate you to receive any services from Undivided Attention, LLC.
- Ø This Good Faith Estimate shows the costs of items and services that are reasonably expected for your health care needs. The estimate is based on information known at the time the estimate was created.
- Ø There may be additional services that are recommended as part of your course of care that must be scheduled or requested separately. Such services are not reflected in this Good Faith Estimate. Separate Good Faith Estimates will be issued upon scheduling or upon request of the items or services listed here:

If you are billed for more than this Good Faith Estimate, you have the right to dispute the bill.

The Good Faith Estimate does not include any unknown or unexpected costs that may arise during treatment. Actual items, services, and charges may differ from this Good Faith Estimate. You could be charged more if complications or special circumstances occur. If this happens, federal law allows you to dispute (appeal) the bill.

If the actual amount charged to you substantially exceeds the costs listed in this Good Faith Estimate, you have the right to dispute the bill. You may contact us if the billed charges are higher than the Good Faith Estimate. You can ask us to update the bill to match the Good Faith Estimate, negotiate the bill, or ask if there is financial assistance available.

You may also use the 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 four months) of the date on the original bill. There is a \$25 fee to use the dispute process. Initiating the dispute resolution process will not adversely affect the quality of the services provided by Undivided Attention, LLC. If the agency reviewing your dispute agrees with you, you will have to pay the estimated total for services provided on this Good Faith Estimate. If HHS disagrees with you and agrees with Undivided Attention, LLC, you will be obligated to pay the higher amount on your bill. To learn more and get a form to start the process, go to www.cms.gov/nosurprises or call HHS at 1-800-985-3059.

Keep a copy of this Good Faith Estimate in a safe place or take a picture of it. You will need it if you choose to initiate the dispute resolution process outlined above.