



To Vine Counseling Center Clients:

In compliance with the **No Surprises Act** that went into effect January 1, 2022, all healthcare providers including therapists are required to notify clients of their federal rights and protections against “surprise billing.” The purpose of the Act and of this document is to protect you from unexpected medical bills.

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 you are uninsured, or if you elect not to use your insurance.

In case any of these situations apply to you, we are required to let you know that you may request a “Good Faith Estimate” of the cost of services to you. Providing this estimate is challenging in mental health care because it is difficult to predict the length of treatment, and because clients have a right to decide how long they want to participate. Therefore, we describe below the fees that typically apply for the types of services offered, including for your condition. Going forward, we can collaborate on a regular basis to determine how many sessions you may need.

- Vine Counseling Center’s Current Fee Schedule:
 - Initial Evaluations: \$225.00 per hour
 - Individual, Couples, or Family Session: \$125.00 (38-52 minutes)
 - Individual, Couples, or Family Session: \$140.00 (55 minutes)
 - Cancellation Fee: \$125.00 for missed appointments, without 24-hours notice of cancellation
 - Production of Records: \$125.00 per hour
 - Legal Fees: \$125.00 per hour plus reimbursement of fees paid for by the therapist for legal consultation about the case
 - Review of records, writing letters/progress reports, travel: \$125.00 per hour
 - Consultation with school staff, lawyers, other individuals: \$140.00 per hour
 - Attending IEP/504/school meetings: \$140.00 per hour
- These fees apply to all DSM diagnostic codes of the American Psychiatric Association.
- We use diagnostic codes that are clinically accurate, but do not guarantee reimbursement.
- Most often therapy is done weekly, but sometimes more or less often. Standard sessions are 50 minutes .
- Most often therapy continues for six months, one year, or several years, but short-term, brief therapy for intercurrent issues is also common. As noted above, because of this variability, please ask your provider about what can be expected in your case.
- It is your right to determine your goals for treatment and how long you want to remain in therapy.

DISCLAIMER

This Good Faith Estimate shows the cost 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 is 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 Vine Counseling Center to let us know that the billed charges are higher than the Good Faith Estimate. You can ask us to update the bill to match the Good Faith Estimate, ask to negotiate the bill, or ask if there is financial assistance available.

The Good Faith Estimate is not a contract and does not require you to obtain services from any of the providers with Vine Counseling Center.

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 healthcare 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 the number below.

Should you have additional questions about your rights under this act, you can contact any of the following:

- Federal No Surprises Helpdesk at (800) 985-3059
- Visit www.cms.gov/nosurprises for more information about your rights under federal law.
- The Illinois Department of Insurance, Office of Consumer Health Insurance at (877) 527-9431.
- Visit <http://insurance.illinois.gov> for more information about your rights under Illinois law.

Keep a copy of this Good Faith Estimate in a safe place or take pictures of it. You may need it if you are billed a higher amount.

It is a federal requirement that each client sign this forms to begin/continue treatment.

YOUR RIGHTS AND PROTECTIONS AGAINST SURPRISE MEDICAL BILLS

When you get emergency care or are treated by an out-of-network provider, you are protected from surprise billing or balance billing.

What is “balance billing” (sometimes called “surprise billing”)?

When you see a health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs if you see a provider that isn't in your plan's network.

“Out-of-network” describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called “balance billing.” This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

“Surprise billing” is an unexpected bill for services. This can happen when you can't control who is involved in your care such as in cases of emergency care or when you are treated by an out-of-network provider.

Insurers are required to tell you which providers and facilities are in their networks. Providers and facilities must tell you with which provider networks they participate. This information is on the insurer's, provider's or facility's website or on request.

Surprise Billing in Illinois

Illinois state law (Illinois Public Act 096-1523) protects you from "balance" or "surprise" bills when you receive care at an in-network facility or ambulatory surgery center from out-of-network providers who provide radiology, anesthesiology, pathology, neonatology, or emergency physician services at that in-network facility.

In these situations, you cannot be charged greater out-of-pocket expenses than you would have been for covered, in-network physician or provider services. The out-of-network provider should not send you a bill.

Exceptions to Illinois Surprise Billing Protections

You could still be required to pay an out-of-network bill in certain situations. Illinois' surprise billing protections only apply to insurance plans regulated by the State of Illinois. Therefore, if your insurance plan is not regulated by the State, you may still be billed for these out-of-network charges. Further, these protections only apply to certain out-of-network providers who are based in an in-network facility; if the facility where you receive these services itself is out-of-network, you can also receive an out-of-network bill. Similarly, these protections do not apply if you purposefully choose a provider not within your insurance network.

When balance billing isn't allowed, you also have the following protections:

You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.

Your health plan generally must:

- Cover emergency services without requiring you to get approval for services in advance (prior authorization).
- Cover emergency services by out-of-network providers.
- Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
- Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

If you believe you have been wrongly billed, you may contact:

Federal No Surprises Helpdesk
(800) 985-3059

or

Illinois Department of Insurance
Office of Consumer Health Insurance
320 West Washington Street
Springfield, IL 62767
Toll-free: (877) 527-9431
TDD: (866) 323-5321
Fax: (217) 558-2083

Visit www.cms.gov/nosurprises for more information about your rights under federal law.
Visit <http://insurance.illinois.gov> for more information about your rights under Illinois law.

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