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STANDARD NOTICE

“Right to Receive a Good Faith Estimate of Expected Charges” **Under the No Surprises Act**

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 one 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 the 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

GOOD FAITH ESTIMATE
TABLE OF SERVICES AND FEES

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	\$262.11/per session
	90832	Psychotherapy, 16-37 minutes	\$140.00/per session
	90834	Psychotherapy, 38-52 minutes	\$170.47/per session
	90837	Psychotherapy ≥ 53 minutes	\$237.30/per session
	90839	Psychotherapy for a Crisis (30-74 minutes)	\$245.00/per session
	+90840	Psychotherapy for a Crisis (add on code for each additional 30 mins)	\$130.00/per session
	90846	Family Psychotherapy without Patient Present, 50 minutes	\$200.00/per session
	90847	Family Psychotherapy with Patient Present, 50 minutes	\$200.00/per session
	Late Cancellation Fee	Your therapist requires a 24 hour cancellation fee. Any cancellation within the 24 hours will be charged.	\$50.00/per session
	Missed Appointment Fee-	Your therapist requires a 24 hour cancellation fee. If there is no notification, this is the amount charged.	\$100.00/per session
	Financial Hardship Rate	Your therapist offers a few slots for financial hardship	TBD
	Production of Records and Consultations.	Additional time for phone calls, copying records, preparing letters, conferring with other professionals per hour.	180.00/per hour
	Legal Fees	Subpoenaed to testify in court or for any preparations regarding court proceedings.	300.00/per hour
	Total Estimate:	This Good Faith Estimate explains your therapist's rate for each service provided. Your therapist will collaborate with you throughout your treatment to determine how many sessions and/or services you may need to receive the greatest benefit based on your diagnosis(es)/presenting clinical concerns.	

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