



Good Faith Estimate and Service Fees

Effective January 1, 2022, a ruling went into effect called the "No Surprises Act," which requires mental health practitioners to provide a "Good Faith Estimate" (GFE) to patients who do not have insurance or patients who have insurance but are out-of-network. This ruling requires a diagnosis before the initial visit, so you will be provided with a generic or provisional diagnosis until the intake evaluation is complete.

The Good Faith Estimate's purpose is to show the cost of services to avoid an unreasonably large bill. Your treatment and cost of treatment will vary based on your individual needs, amount of therapy sessions needed/wanted, and the type and length of services you attend. There is no way of predicting the exact amount of therapy sessions or services that will be needed; however, you will be provided with some examples of total cost of treatment for reference. Please remember you can always discuss billing, cost, treatment plan, length of sessions, and amount of sessions at any time.

The Good Faith Estimate is NOT a contract and does not obligate you to obtain any services from Royalton Psychological Associates, LLC. The Good Faith Estimate is not intended to serve as a recommendation for treatment or prediction to attend a specific number of psychotherapy visits, nor does it provide an all-inclusive treatment plan. Therapy is and always will be voluntary and unique to fit your specific needs.

Royalton Psychological Associates, LLC Services & Fees effective through December 31, 2022

Initial Diagnostic Evaluation	\$150	CPT Code 90791
53-60 Minute Psychotherapy	\$150	CPT Code 90837
38-52 Minute Psychotherapy	\$112.50	CPT Code 90834
16-37 Minute Psychotherapy	\$75	CPT Code 90832
Family Therapy without Patient Present	\$150	CPT Code 90846

Please note, if you book a session and are late you are still responsible for the full fee for a CPT Code 90837. We will typically wait 30 minutes past the session start time. However, after 30 minutes you will be charged the no show/late cancellation fee. If this is unclear, please discuss this during your first session.

Examples of Good Faith Estimates

Please note these are estimates and your exact cost of treatment will depend on the amount of sessions you wish to have weekly, length of sessions, and additional services requested.

Example 1: \$150 Initial session x 2 weeks + \$150 session x 12 weeks = \$2,100

Example 2: \$150 Initial session x 2 weeks + \$150 session x 24 weeks = \$3,900

You may use the equation above to calculate your total cost of service. If you are unsure, please discuss this during a session.

Royalton Psychological Associates will bill you at the time of each session. Should you feel your bill is unreasonably high (in excess of \$400) than the equation outlined in your Good Faith Estimate, you may dispute the charges. For more information you may visit www.cms.gov/nosurprises or call (800) 368-1019. Keep a copy of your Good Faith Estimate in a safe place and again if you should have any questions, please feel free to discuss it at any point during one of your sessions.