

No Surprises Act Good Faith Estimate

When you get therapy by an out-of-network provider, you are protected from surprise billing or balance billing. When you choose to Private Pay instead of insurance for therapy, the No Surprises Act requires that we provide you with an advanced estimate of the possible cost of your treatment.

Good Faith Estimate

You have the right to receive a “Good Faith Estimate” explaining how much your medical care will cost. Under the law, healthcare 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.
- You have the right to receive a Good Faith Estimate in writing at least one business day before your medical service or item. Generally speaking, you can also ask your healthcare provider for a Good Faith Estimate before you schedule an item or service. [Unsung Psychotherapy's general Good Faith Estimate](#) is linked above.
- 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.

Get More Information

For questions or more information about your right to a Good Faith Estimate, visit cms.gov/nosurprises or call 1-800-MEDICARE (1-800-633-4227).

In order to comply with federal guidelines, please provide your complete mailing address:

Street

City

State

Zip Code

Unsung Psychotherapy LLC
5818 Blackshire Path
Inver Grove Heights, MN 55076
612-440-8169

Your provider is either Katie Corrigan, LPCC, or Shane O’Reilly, MA, who is supervised by Abigail Hough, LPCC.

Unsung Psychotherapy LLC’s Tax ID is 39-3767057. Our Group NPI is 1720958838.

Please note that any diagnosis you are given does not affect the rate you are charged for services. Frequency of therapy is determined by you and your therapist and varies from twice per week to once per month. Length of therapy sessions vary from 30-55 minutes.

The estimates below are given to comply with federal regulations, but may change based on your progress in treatment.

Session Type	Billing Code	Frequency	Cost
Initial Evaluation	90791	1x per year	\$235
55-Minute Individual Session	90837	Determined by you and your therapist	\$200
45-Minute Individual Session	90834	Determined by you and your therapist	\$150
30-Minute Individual Session	90832	Determined by you and your therapist	\$100
55-Minute Couples or Family Therapy	90846 or 90846	Determined by you and your therapist	\$200

If you attend 2 hours of therapy per week for 50 weeks, your total will be \$20,000.

If you attend 30 minutes of therapy for 25 weeks, your total will be \$2,500.

If you attend 1 hour of therapy for 50 weeks, your total will be \$10,000

If you attend 20 family therapy sessions in 1 year, your total will be \$4,000.

Disclaimer: This Good Faith Estimate shows the costs 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 was 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 the health care provider or facility listed to let them know the billed charges are higher than the Good Faith Estimate. You can ask them to update the bill to match the Good Faith Estimate, ask to negotiate the bill, or ask if there is financial assistance available. 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 health care 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 HHS at (800) 368-1019. For questions or more information about your right to a Good Faith Estimate or the dispute process, visit www.cms.gov/nosurprises or call (800) 368-1019. 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.