



**CLIENT RIGHTS TO A
GOOD FAITH ESTIMATE
OF SERVICES.**

Updated: January 1, 2025



Effective Date: January 1, 2025

Dear Elbow Tree Clients,

In compliance with the No Surprises Act that goes into effect January 1, 2022, all healthcare providers are required to notify clients of their Federal rights and protections against “surprise billing.”

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 a client is uninsured, or if a client elects not to use their insurance.

Additionally, we are required to provide you with a Good Faith Estimate of the cost of services (see attached our standard “Table of Services and Fees”). It is difficult to determine the true length of treatment for mental health care, and each client has a right to decide how long they would like to participate in mental health care. Therefore, in this notebook you will find a fee schedule for the services typically offered by all three tiers of therapists (licensed clinicians, pre-licensed clinicians and graduate interns), and we will collaborate with you on a regular basis to determine how many sessions you may need.

It is a Federal requirement that we inform each client. This notebook is just one of several avenues that we will be implementing this brand new legislation by informing clients. If you have any additional questions, please don’t hesitate to ask.

Thank you very much,

Hayne Steen, *Owner*

Elbow Tree Christian Counseling, LLC

Licensed Mental Health Counselor (MH16012)

Florida Board Approved Supervisor (MHC & MFT)

hayne@elbowtreeflorida.com

www.elbowtreeflorida.com/our-pricing

(904) 559-1944



2025 Table of Services and Fees • Licensed Clinicians

| Service code (CPT Code) | Description | Fee for Service (Number of Sessions Will Be Determined as We Progress) |
|-------------------------|---|--|
| 90791 | Initial Diagnostic Evaluation, 50 minutes | \$150 |
| 90834 | Psychotherapy, 38-52 minutes | \$150 |
| 90837 | Psychotherapy > 52 minutes (This fee is the hourly rate for licensed clinicians and is used for all prorated calculations as indicated.) | \$2.50 / minute |
| 90846 | Family Psychotherapy without Patient Present, 50 minutes | \$150 |
| 90847 | Family Psychotherapy with Patient Present, 50 minutes | \$150 |
| 98966-98968 | Telephone Assessment & Management | \$150/hr |
| 98970-98972 | Online Digital Evaluation & Mgmt (Responding to Email & Text Messages): | \$2.50 / minute |
| Cancelation Fee | Your Therapist Requires a 24-Hour Cancelation Notice | You are Responsible for the Full Fee of the Missed Appointment - \$150 |
| Production of Records | | May not exceed \$1 per page. A fee of up to \$1 may be charged for each year of records requested. |
| Legal Engagement Fees | Phone, consults, letters, travel time, attendance at court, etc. A minimum of eight (8) hours will be required per day to appear at court. | Prepaid \$250.00 / hour |
| Returned Checks | | \$25 / Check |
| All Card Charges | Debit cards, Credit cards, HSA cards used as payment for fees | 3.5% <i>For \$150, that would be an additional \$5.25.</i> |
| 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 charges are identical.



2025 Table of Services and Fees • Pre- Licensed Clinicians

| Service code (CPT Code) | Description | Fee for Service (Number of Sessions Will Be Determined as We Progress) |
|-------------------------|---|--|
| 90791 | Initial Diagnostic Evaluation, 50 minutes | \$125 |
| 90834 | Psychotherapy, 38-52 minutes minutes | \$125 |
| 90837 | Psychotherapy > 52 minutes (This fee is the hourly rate for licensed clinicians and is used for all prorated calculations as indicated.) | \$2.00 / minute |
| 90846 | Family Psychotherapy without Patient Present, 50 minutes | \$125 |
| 90847 | Family Psychotherapy with Patient Present, 50 minutes | \$125 |
| 98966-98968 | Telephone Assessment & Management | \$125/hr |
| 98970-98972 | Online Digital Evaluation & Mgmt (Responding to Email & Text Messages): | \$2.00 / minute |
| Cancellation Fee | Your Therapist Requires a 24-Hour Cancellation Notice | You are Responsible for the Full Fee of the Missed Appointment - \$125 |
| Production of Records | Florida Statute 395.3025 | May not exceed \$1 per page. A fee of up to \$1 may be charged for each year of records requested. |
| Legal Engagement Fees | Phone, consults, letters, travel time, attendance at court, etc. A minimum of eight (8) hours will be required per day to appear at court. | Prepaid \$250.00 / hour |
| Returned Checks | | \$25 / Check |
| All Card Charges | Debit cards, Credit cards, HSA cards used as payment for fees | 3.5% <i>For \$125, that would be an additional \$4.38.</i> |
| 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 charges are identical.



2025 Table of Services and Fees • Graduate Interns

| Service Code (CPT Code) | Description | Fee for Service (Number of Sessions Will Be Determined as We Progress) |
|-------------------------|---|---|
| 90791 | Initial Diagnostic Evaluation, 50 minutes | \$60 |
| 90834 | Psychotherapy, 38-52 minutes minutes | \$60 |
| 90837 | Psychotherapy > 52 minutes (This fee is the hourly rate for licensed clinicians and is used for all prorated calculations as indicated.) | \$1.00 / minute |
| 90846 | Family Psychotherapy without Patient Present, 50 minutes | \$60 |
| 90847 | Family Psychotherapy with Patient Present, 50 minutes | \$60 |
| 98966-98968 | Telephone Assessment & Mgnt | \$60/hr |
| 98970-98972 | Online Digital Evaluation & Mgnt (Responding to Email & Text Messages): | \$1.00 / minute |
| Cancelation Fee | Your Therapist Requires a 24-Hour Cancelation Notice | You are Responsible for the Full Fee of the Missed Appointment - \$60 |
| Production of Records | Florida Statute 395.3025 | May not exceed \$1 per page. |
| Legal Engagement Fees | Phone, consults, letters, travel time, attendance at court, etc. | As a Graduate Intern, I am not permitted by my graduate program to engage |
| Returned Checks | | \$25 / Check |
| All card charges | Debit cards, Credit cards, HSA cards used as payment for fees | 3.5% <i>For \$125, that would be an additional \$4.38.</i> |
| 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 charges are identical.

YOUR RIGHTS AND PROTECTIONS AGAINST SURPRISE MEDICAL BILLS

(OMB Control Number: 0938-1401)

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

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

When you see a doctor or other 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 or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health 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 balance bill. This can happen when you can't control who is involved in your care - like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

You are protected from balance billing for:

Emergency services

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in-network cost-sharing amount (such as copayments and coinsurance). You **can't** be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balance billed for these post-stabilization services.

Certain services at an in-network hospital or ambulatory surgical center

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers **can't** balance bill you and may **not** ask you to give up your protections not to be balance billed.

If you get other services at these in-network facilities, out-of-network providers **can't** balance bill you unless you give written consent and give up your protections.

You're never required to give up your protection from balance billing. You also aren't required to get care out-of-network. You can choose a provider or facility in your plan's 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've been wrongly billed, you may contact:

(1) Hayne Steen, owner of Elbow Tree Christian Counseling, LLC by calling (904) 559-1944 or emailing hayne@elbowtreeflorida.com.

(2) The Florida Board of Health: The Health Care Complaint Portal allows consumers to file a complaint with the appropriate state agency. You will be asked a series of questions to help identify the nature of your complaint. After you have answered all of the questions, you will see a summary page with instructions on how to file your complaint.

Visit <https://mqa-flhealthcomplaint.doh.state.fl.us>

Visit <https://www.cms.gov/files/document/model-disclosure-notice-patient-protections-against-surprise-billing-providers-facilities-health.pdf> for more information about your rights under Federal law.