



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

*Updated: January 1, 2022*



***Effective Date: January 1, 2022***

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)

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## 2021 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	<b>\$125</b>
90834	Psychotherapy, 38-52 minutes minutes	<b>\$125</b>
90837	Psychotherapy > 52 minutes (This fee is the hourly rate for licensed clinicians and is used for all prorated calculations as indicated.)	<b>\$2.50 / minute</b>
90846	Family Psychotherapy without Patient Present, 50 minutes	<b>\$125</b>
90847	Family Psychotherapy with Patient Present, 50 minutes	<b>\$125</b>
98966-98968	Telephone Assessment & Management	<b>\$125</b>
98970-98972	Online Digital Evaluation & Mgnt (Responding to Email & Text Messages):	<b>\$2.50 / minute</b>
Cancelation Fee	Your Therapist Requires a 24-Hour Cancelation Notice	You are Responsible for the <b>Full Fee</b> of the Missed Appointment - <b>\$125</b>
Production of Records		May not exceed <b>\$1</b> per page. A fee of up to <b>\$1</b> 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.	<b>Prepaid \$250.00 / hour</b>
Returned Checks		<b>\$25 / Check</b>

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