

Good Faith Estimate

ALICIA PHONSURIN, LCSW 71173

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PRIVATE PAY AGREEMENT:

You understand that ALICIA PHONSURIN, LCSW, is accepting you as a private pay psycho-therapy client beginning the date that this consent is signed, and you will be financially responsible for any services that your/your insurance receive, including cancelation fees.

You have elected to pay out of pocket for all services and do not wish for my psycho-therapist, ALICIA PHONSURIN, LCSW, to file a claim now, or in the future, if you have insurance.

You understand that you cannot retroactively seek monetary compensation for payments made, not now, nor in the future, in order to satisfy any deductible or out-of pocket amount you may be subject to under the rules of your health insurance plan as a result of your decision to not initially use my insurance and/or gained insurance and did not inform your therapist.

You understand that payment is due in full at the time of service or the agreement is void.

This GOOD FAITH ESTIMATE explains how much of your medical care will cost. Under the law, health care providers need to give patients who don't have insurance an estimate for medical items and services. Make sure your health care provider gives you a Good Faith Estimate in writing at least 1 business day before your medical service or item. If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute your bill. Make sure you 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.

As per Alicia's Practice Policies, regardless of diagnosis or length of services, the standard fees for an in-person rendered, at the address above are as follows:

Initial Intake Session consisting of 53 minutes is \$170

53 minute sessions are \$160

45 minute sessions are \$140

30 minute sessions are \$80.

Late canceled or No Show appointment fee is \$100.

Your annual estimated costs for services will vary based on frequency of sessions, length of time in treatment, and commitment to treatment. Annual costs can vary. For example, a breakdown and estimate of total fees include a one-time intake session of \$170, as well as weekly individual therapy of 53 minute sessions for \$160. If sessions are held weekly for 52 weeks, the total would be \$8330. If sessions are held bi-weekly, the total would be \$4160 (25 therapy sessions plus one intake session). If sessions are held two (2) times per month for twelve (12) months, the total would be \$3840 (24 sessions plus one intake session). These estimates do not include fees for court appearances should they be required.

The Good Faith Estimate shows the cost of items and services that are reasonably expected for your health care needs for an item or a 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.

You may contact the health care provider to facility listed to let them the billed charges are higher than the Good Faith Estimate. You can ask them to update the bill to match the Good Faith Estimate, to negotiate the bill, or ask if there is financial assistance available.

You may also start a dispute resolution 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 of the original bill.

There is a \$25 fee to dispute the process. If the agency reviewing your dispute agrees with you, you have to pay the price on the 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/no-surprises, or call (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 the Good Faith Estimate in a safe place or take pictures of it. You may need it if you are billed a higher amount.

INSURANCE OPT-OUT/ACKNOWLEDGEMENT OF NO INSURANCE: BY E-SIGNING THIS SECTION, YOU ACKNOWLEDGE THAT YOU DON'T HAVE INSURANCE OR YOU ARE OPTING OUT OF USING YOUR INSURANCE. YOUR ELECTRONIC SIGNATURE HAS FULL FULL AND EFFECT OF A WET SIGNATURE AFFIXED BY HAND TO A PAPER DOCUMENT. YOU CONSENT TO THE PRIVATE PAY AGREEMENT AND GOOD FAITH ESTIMATE AS DOCUMENTED ABOVE EFFECTIVE THE START DATE OF YOUR TREATMENT WITH ALICIA PHONSURIN, LCSW.