

Hello Kin-Etic Behavioral Health Client,

In compliance with the No Surprises Act that went into effect January 1, 2022, we are required to notify all healthcare consumers of your 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 a non-participating provider and provide options to receive care from an innetwork provider if one is available.

Additionally, we are required to provide you with a Good Faith Estimate of the cost of services for the duration of treatment. It is difficult to determine the true length of treatment for mental health care but attached is our best estimate based on the average length of treatment.

We have also provided a list of fees that may incur throughout your care at Kin-Etic Behavioral Health, in addition to direct counseling services and fees (not an exhaustive list). Please note that these fees are subject to change, you will be notified if changes occur.

Service Code	Description	Time Range	Frequency	Cost
90791	Diagnostic Intake	60 minutes	1x per clinician	\$250
90837	Individual Therapy	60 minutes	1-2x per week or as determined by you and your clinician	\$165
90834	Individual Therapy	45 minutes	As needed	\$125
90832	Individual Therapy	30 minutes	As needed	\$80
90846	Family Therapy without Patient	60 minutes	As needed	\$0-\$190
90847	Family Therapy with Patient	60 minutes	1-2x per week or as determined by you and your clinician	\$0-\$190
99245	Individual Therapy – Moderate Complexity	80 minutes	As needed	\$0-\$190
90853	Group Therapy	90 minutes	As needed	\$0-\$900
	Bariatric Assessment	90 minutes	As needed	\$190
22222	Phone Session	As determined by you and your clinician		\$3 per minute
hour tir	an 48-hour notice			\$0-145
	bo onargoa.			
Medical Records Requ				Up to \$75
Medical Records Required Completion of docume			fter payment is collected.	Up to \$75 \$150 per hour
Medical Records Requ Completion of docume Once request and	est nts (FMLA, disability, summary lett		fter payment is collected.	<u> </u>



School Note: no charge	
Note for Employer	\$0-125
 48 hours or prior notice: no fee 	·
o 24 hours or less notice: \$25	
Status Report or Clinical Report: \$125	
Court-involved case: court preparation, consultation with necessary parties, court appearance, and testimony. Required retainer: \$1350	
Case acceptance: \$600	\$1350/additional
	\$150 per hour
 Minimum preparation hours: 5 \$150 per hour x 5 hours = \$750 	. '

- ▶ Call your health plan. Your plan may have better information about how much you will be asked to pay. You also can ask about what's covered under your plan and your provider options.
- ▶ Questions about this notice and estimate? Call Kin-Etic Behavioral Health at (240) 607-2679 or email us at info@kwayconsulting.com
- ▶ Questions about your rights? Contact the <u>Department of Health and Human Services</u>

