The Center for Community Healing

Freedom of Expression for All

Provider Good Faith Estimate

Center for Community Healing

568 Grand Canyon Drive

Madison, WI 53719

Fax (608) 492-2979

All services will be offered via video telehealth on a HIPAA compliant platform until further notice due to ongoing global pandemic

The following is a detailed list of expected charges. The estimated costs are valid for 12 months from the date of the Good Faith Estimate.

DETAILS of SERVICES/ESTIMATES

- Psychotherapy sessions are 45-50 minutes in length
- The standard and customary rate for each clinician is $175 per psychotherapy session
- There is a 3% fee added to the cost of sessions paid for with a card. This fee can be avoided by sending a check within 5 days of service to the physical practice address listed below.
- If you have negotiated a lower rate sliding scale with your clinician due to temporary financial hardships, your estimate will reflect this offering and will be in accordance with the rate you have negotiated.
- Depending upon diagnosis, stressors and changes in life circumstances, and client request psychotherapy is typically engaged in once a week, bi-weekly, or once a month.

The Center for Community Healing does not accept insurance and all services must be paid out of pocket by clients. If you are paying the standard and customary rate of $175 per session at a maximum frequency of weekly sessions, you will be charged a total of $9,100 for services within a 12-month period. If you use a card to pay for services, you can anticipate a 3% fee on the total amount.

If your clinician believes you would clinically benefit from engaging in psychotherapy at a frequency greater than weekly, or if the clinician's hourly rate changes to exceed the costs outlined in this document, a new written estimate will be provided to you. You are always welcome to ask your clinician any questions you have regarding costs and services

Providers:

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Taxpayer ID for Center for Community Healing

EIN 84-4337149

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.

By signing this form, I certify:

- That I have read or had this form read and/or had this form explained to me.
- That I fully understand its contents
- That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction

BY CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD, AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.