

GOOD FAITH ESTIMATE (2023)

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In compliance with the No Surprises Act that went into effect January 1, 2022, Collin Vernay PhD PLLC is required to notify all healthcare consumers of their federal rights and protections against "surprise billing." Collin Vernay PhD PLLC is required to provide you with a Good Faith Estimate of the cost of services for the possible duration of treatment. It is difficult to determine the true length of treatment for mental healthcare, but attached is my best estimate for the year. I have also provided a list of fees that you may incur throughout your care with Collin Vernay PhD PLLC that are in addition to direct counseling services and fees. These fees may occur due to the following (though this is not an exhaustive list):

- Late cancellation fee (when less than 48 hours' notice is given, following two excused cancellations in a given calendar year): \$210
- No show fee (when an absence for a scheduled session is not communicated in advance): \$210
- Consultation fee (brief telephone contacts or extended phone consultations with clients, other healthcare providers, family members, or work or school administrators exceeding 15 minutes): \$210 per 45-minute consultation, prorated as necessary to 15-minute increments

Provider Estimates

The following is a detailed list of expected charges. Progress in psychotherapy is highly dependent on the individual's response to treatment, so it is difficult to estimate how long treatment will take. Treatment planning and the duration of therapy will be mutually determined by the client and Dr. Vernay during the course of their therapy sessions together. The amount below is only an estimate; it isn't an offer or contract for services. The Good Faith Estimate does not include any unknown or unexpected costs that may arise during treatment. For example, consultations with other providers, additional sessions, or sessions longer than 50 minutes may result in additional charges. The Good Faith Estimate shows the full cost of the items or services listed. It does not include any information about what your health plan may cover for out-of-network services. This means that the final cost of services to you may be different than this estimate. Contact your health insurance provider to find out how much, if any, your plan might reimburse for out-of-network services. The Good Faith Estimate also does not account for the possibility that therapy between the client and this provider could include more cancellations or less frequent meetings. Under circumstances such as these, the actual cost to the client may be lower than the provided Good Faith Estimate.

Provider Estimate

- Expected Service: Psychotherapy, 50 minutes with client
- Codes for Expected Service: 90834 (in person) or 90834-95 (indicates Telehealth)
- Date(s) primary service will be provided: Once on a weekly basis

Since we cannot predict how long we will meet, below is a range of possible costs, depending on the length of treatment. The estimates below provide a range of total costs, from 10 weeks of treatment up to 1 year of treatment:

- Number of sessions: 50 (This number assumes that you will continue weekly therapy for a full year, excluding two weeks for vacation. Of course, you are not obligated to continue receiving treatment for the full year, and conversely you may choose to continue receiving treatment for more than one year)
 - Total number of sessions: 50 Total cost = \$210 x 50
 - Total number of sessions: 10 Total cost = \$210 x 10

Disclaimer

This Good Faith Estimate shows the costs of items and services that are reasonably expected for your healthcare 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 healthcare 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.