

RCC GFE New Client

Good Faith Estimate

Effective January 1, 2022, a ruling went into effect called the "No Surprises Act" which requires practitioners to provide a "Good Faith Estimate" about out-of-network care. The Good Faith Estimate works to show the cost of items and services that are reasonably expected for your health care needs for an item or service, a diagnosis, and a reason for therapy. 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 and will be provided a new "Good Faith Estimate" should this occur. If this happens, federal law allows you to dispute (appeal) the bill if you and your therapist have not previously talked about the change and you have not been given an updated good faith estimate.

Under Section 2799B-6 of the Public Health Service Act (PHSA), health care providers and health care facilities are required to inform individuals who are not enrolled in a plan or coverage or a Federal health care program, or not seeking to file a claim with their plan or coverage both orally and in writing of their ability, upon request, or at the time of scheduling health care items and services to receive a "Good Faith Estimate" of expected charges.

Note: The PHSA and GFE does not currently apply to any clients who are using insurance benefits, including "out of network benefits (i.e., submitting superbills to insurance for reimbursement).

Timeline requirements: Practitioners are required to provide a good faith estimate of expected charges for a scheduled or requested service, including items or services that are reasonably expected to be provided in conjunction with such scheduled or requested item or service." That estimate must be provided within specified timeframes:

- If the service is scheduled at least three business days before the appointment date, no later than one business day after the date of scheduling;

- If the service is scheduled at least 10 business days before the appointment date, no later than three business days after the date of scheduling; or
- If the uninsured or self-pay patient requests a good faith estimate (without scheduling the service), no later than three business days after the date of the request. A new good faith estimate must be provided, within the specified timeframes if the patient reschedules the requested item or service.

Common Services at Rutti Counseling & Consultation:

90791: Diagnostic Assessment

90832: Individual Psychotherapy 30-44 minutes

90834: Individual Psychotherapy 45-51 minutes

90837: Individual Psychotherapy 53-60 minutes

90846/90847: Family/Couples Psychotherapy

Common Diagnosis Codes at Rutti Counseling & Consultation:

A sample list of common diagnosis provided at Rutti Counseling & Consultation is provided. This is not an exhaustive list. Your clinician will make a diagnosis within 1-3 sessions and will base this on a thorough assessment. Diagnosis codes can also change at any given time due to changes in symptoms. Please speak to your clinician with any questions or concerns. Common diagnostic codes include:

- Adjustment Disorder (F43.23)
- Major Depressive Disorder, Recurrent, Moderate (F33.1)
- Generalized Anxiety Disorder (F.41.1)
- Posttraumatic Stress Disorder (F.43.12)
- Unspecified Trauma and Stressor Related Disorder (F43.9)

Treatment Frequency & Duration:

How long you need to engage in therapy and how often you attend sessions will be influenced by many factors, including:

- Your presenting needs and symptoms
- Your treatment goals
- Life changes and challenges
- Schedule availability/clinician availability
- Personal finances
- Where you are in your course of trauma specific treatment

Therapy can range in frequency from multiple sessions per week, weekly, biweekly, monthly, or less frequent. You and your clinician will continually assess the appropriate frequency of therapy and will work together to determine when you have met your goals and are ready for discharge. A new "Good Faith Estimate" will be issued should your frequency or needs change.

Where services will be delivered:

Services will be provided via Telehealth or at our physical office space depending on clinician and client preference/availability:

Facility Name: Rutti Counseling & Consultation, LLC

Location: 1200 W. 5th Ave. Suite D, Columbus, OH 43212

Facility Type: Outpatient Mental Health Office

Facility NPI: 1972048734

Tax ID: 815294199

Person to Contact: Suzanne Rutti, Owner

Phone: 614-398-1927

Email: suzannerutti@rutticounseling.com (<mailto:suzannerutti@rutticounseling.com>)

Clinicians at Rutti Counseling & Consultation:

- Suzanne Rutti, MSW, LISW-S
- Kimberly Johnson-Smith, MSW, LISW-S
- Tammie Yancey, M.Ed., LPCC
- Rachel Heisesr, MSW, LSW

Good Faith Estimate

Diagnosis:

Your Good Faith Estimate diagnosis is:

Primary Diagnosis: Z73.3 - Stress not elsewhere specified

Secondary Diagnosis: F99 - Mental Health Disorder, Not Otherwise Specified

This diagnosis is only to satisfy the federal requirement for this form. This is not a formal psychological diagnosis. A formal diagnosis occurs after an assessment has been completed. That will take place 1-5 sessions after beginning psychotherapy. If you choose to decline a formal diagnosis, we will not update this GFE. It is within your rights to decline a diagnosis per state and federal guidelines.

Patient Name:

Date of Birth:

Address:

Facility Name: Rutti Counseling and Consultation LLC

Address: 1200 W. Fifth Ave Suite D, Columbus OH 43212

Facility NPI: 1972048734

Tax ID: 815294199

Person to contact: Suzanne Rutti

Contact Phone: 614-398-1927

Email: suzannerutti@rutticounseling.com

Financial Responsibility Summary

For a "good faith estimate": the amount you would owe if you were to attend weekly therapy for a full calendar year (not accounting for breaks, holidays, illness, etc). The "good faith estimate (GFE)" requires practitioners to provide an exact estimate and not a range. Out of an abundance of caution and transparency, we will quote weekly appointment frequency at the highest rate of service.

The estimate does not include in- or out-of-network insurance discounts. If you plan to use insurance and would like an updated GFE with insurance discounts, please contact us directly.

Providers: Suzanne Rutti, Kimberly Johnson-Smith, Tammie Yancey, Rachel Heiser

Annual Cost Estimate

Assessment:

90791 Assessment \$150.00

Out of pocket cost not to exceed \$150 Quantity 1

Total anticipated cost \$150.00 per year**

Follow up sessions:

90832 Individual Psychotherapy 30-44 minutes \$90.00

90834 Individual Psychotherapy 45-51 minutes \$130.00

90837 Individual Psychotherapy 53-60 minutes \$130.00

90847 Family Psychotherapy \$150.00

Out of pocket cost not to exceed \$150 per session Quantity 52

Total anticipated cost per year (150*52)=\$7,800

YEAR: Total anticipated cost Therapy not to exceed \$7,950.00

per year (assessment x1 follow up 52)

Good Faith Estimate Disclaimer

This Good Faith Estimate shows the cost 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 800-985-3059. For questions or more information about your right to a Good Faith Estimate or the dispute process, visit www.cms.gov/nosurprises or call 800-985-3059. 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.

Your signature indicates that you understand and agree to your Good Faith Estimate.