

Sagewood Counseling, Lisa LeMay, MS, LMFT

Good Faith Estimate

In compliance with the federal “No Surprises Act”

Once you contact me to inquire about an appointment, I will provide you with a personalized Good Faith Estimate based on your unique situation. Scroll to the second page for a list of the services I offer along with their corresponding fees. This is a READ-ONLY form.

With the nature of the therapy I provide, it is impossible to predict with precision how many sessions you will eventually end up having, because there are so many variables, most of which are within your control. You can decide what your goals are and how often you want to meet. You can decide when you have made enough progress to end therapy, or you can decide to stay on, in an attempt to reach new goals. There will never be any surprise costs, because you determine when to schedule a session and have the freedom to stop having sessions at any time.

I can provide you my recommendations for how often we meet and my best guess as to how long it will take to reach the goals we have identified. This is only an estimate, NOT a contract, and you are not obligated to a specific number of sessions.

The service I am providing is _____ psychotherapy, 50-minute sessions.

The insurance code for this service is _____.

The fee for each 50-minute session is _____ \$130 _____.

Diagnosis or Clinical Focus _____

The course of treatment is generally weekly or biweekly as needed, until therapy is terminated by you or the therapist.

The estimated length of time in therapy is _____.

If you choose to meet less frequently, that will extend the total amount of time you are in therapy. If you choose to meet more frequently, then your costs will go up.

Depending on the progress made, you will need _____ more sessions this year.

Should your mental health status change, this number will also change, and a new Good Faith Estimate will be provided.

The total cost for therapy for this calendar year will depend on the actual number of sessions conducted.

This is only an estimate, and actual charges may differ from this amount. This is not a contract, and you are not required to obtain services from me. You have the right to initiate a patient-provider dispute resolution process if the actual billed charges exceed \$400 of the expected charges included in this good faith estimate. Initiating the dispute process will not adversely affect the quality of services rendered to you. You may start a dispute resolution process with the U.S. Department of Health and Human Services (HHS). You must start the dispute process within 120 calendar days of the date on the original bill. To learn more and get a form to start the process, go to <https://www.cms.gov/nosurprises> or call HHS at (800) 368-1019.

SAGEWOOD COUNSELING, LLC

5798 Blackshire Path, Inver Grove Heights, MN 55076

Phone: 612.325.7899 www.sagewoodcounseling.com Lisa@sagewoodcounseling.com

Sagewood Counseling, Lisa LeMay, MS, LMFT

All sessions will be provided by: Lisa LeMay, LMFT, NPI #1972964534, FEIN #47-2488583.
 All sessions will take place at 5798 Blackshire Path, Inver Grove Heights, MN 55076 or via telehealth.

GOOD FAITH ESTIMATE—TABLE OF SERVICES AND FEES

The amounts below are only an estimate and not a contract for services. This estimate shows the full estimated costs of the items or services provided by this out-of-network provider.

Out-of-network provider: Lisa LeMay, Federal Tax ID: 47-2488583, NPI# 1972964534

Date of Service (If Known)	Service code (CPT Code)	Description	Fee for Service (Number of Sessions Will Be Determined as We Progress)
	90834	Psychotherapy, 38-52 minutes (This fee is my hourly rate & used for all prorated calculations as indicated)	\$130.00
	NA	Couples Counseling	\$130.00
	90846	Family Psychotherapy without Patient Present, 50 minutes	\$130.00
	90847	Family Psychotherapy with Patient Present, 50 minutes	\$130.00
	98966-98968	Telephone Assessment & Management	Prorated based on the amount of time spent at hourly rate
	98970-98972	Online Digital Evaluation & Mgt (Responding to Email & Text Messages)	Prorated based on the amount of time spent at hourly rate
	Late Cancel/ No-Show Fee	Cancellation Fee is incurred when not given 24-hour notice of cancellation. HSA and FSA can't be used to pay	\$130.00

Legal Fees	Document Retrieval Fee	Making copies of records and sending them by email or snail mail for issues unrelated to your	\$15.00 + \$1.25 per page
	Document Preparation	Filling out forms related to legal issues (i.e. Disability claim)	\$130.00/hour

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	Consultation	Phone consultation or email correspondence for issues unrelated to your healthcare	\$32.50 per 15 minutes
	Legal Fees	Full Legal Fee Schedule available on request	
	Total Estimate:	This Good Faith Estimate explains your therapist's rate for each service provided. Your therapist will collaborate with you throughout your treatment to determine how many sessions and/or services you may need to receive the greatest benefit based on your diagnosis(es)/presenting clinical concerns.	

Please note that Place of Service (in office vs. telehealth) is not delineated above since the charges are identical.