Erjing Cui Counseling, PLLC

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**GOOD FAITH ESTIMATE**

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| --- | --- |
| Patient Name:  | Patient Date of Birth:  |
| Patient Address: |
| Patient Diagnosis (if known/applicable): |
| Services Requested:  | Date of Initial Session (if applicable): |

In compliance with the No Surprises Act that goes into effect January 1, 2022, all healthcare providers are required to notify clients of their 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 an out-of-network provider, if a client is uninsured, or if a client elects not to use their insurance.

Additionally, we are required to provide you with a Good Faith Estimate of the cost of services. However, Erjing Cui Counselingrecognizes every client’s therapy journey is unique, your frequency and total length of therapy will be influenced by many factors including:

* Your schedule and life circumstances
* Therapist availability
* Ongoing life challenges
* The nature of your specific challenges and how you address them
* Personal finances

You and your therapist 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 and/ or a new “Good Faith Estimate” will be issued should the frequency of session(s) or needs change.

This Good Faith Estimate is not intended to serve as a recommendation for treatment or a prediction that you may need to attend a specified number of psychotherapy visits. Services are provided on a session-by-session basis, and you may choose to continue or end all services at any point in the treatment. You will never be charged more than the fee for the service that you agree to by choosing to schedule and continue your course of treatment. The total amount you may owe will be the number of sessions times the price of the session (see fee schedule below). This depends on the length of treatment which cannot be predicted. However, you have the right to receive a Good Faith Estimate for the total expected cost of any nonemergency healthcare services, including non-emergency psychotherapy services.

Common services and service codes used at Erjing Cui Counseling, PLLC, for individual therapy include:

**Professional Fees**

**Individual Therapy 50 Minutes $130**

**Phone call with parent/partner 20-30 minute $65**

**Other Fees Per 15 Minutes $40**

-E.G., Report writing, meetings, phone calls (more than 15 minutes), special transportation, extended time

**Court related services 60 minutes $250**

This will be charged in 15minute pro rated intervals. Please note, I do not provide court-related services except when someone has broken this agreement with me and/or I am compelled by the court to become involved with court related matters (e.g. testifying in court under subpoena, participating in a deposition, transportation to and from the court, waiting at court, parking fees, etc.)

**Initial phone call prior intake 15-20 Minutes Free**

You may project any potential future cost(s) by multiplying the session fee of $130 by the total number of sessions. This will result in your total estimated cost for mental health service(s).

In example, $130 session fee X 4 sessions =$520.

If you attend therapy for a longer period, your total estimated charges will increase according to the number of visits and length of treatment.

At Erjing Cui Counseling, PLLC, a client is not diagnosed until a client has been seen for an initial intake session, and up to the end of the 3 follow-up s sessions completed. Clients are not typically diagnosed until the therapist believes a specific diagnosis to be accurate after a mental health evaluation with the client has been completed, and only if it is in the client's best interest to receive a mental health diagnosis. Please speak to your therapist about this practice if you have any questions or concerns.

You have a right to initiate a dispute resolution process if the actual amount charged to you substantially exceeds the estimated charges stated in your Good Faith Estimate (which means $400 or more beyond the estimated charges per services rendered).

For questions or more information about your right to a Good Faith Estimate or the dispute process, visit [https://www.cms.gov/nosurprises/consumers or call 1- 800-985-3059](https://www.cms.gov/nosurprises/consumers%2520or%2520call%25201-%2520800-985-3059). The initiation of the patient-provider dispute resolution process will not adversely affect the quality of the services furnished to you.

**With my signature for this Good Faith Estimate, I acknowledge that I am not obligated or required to obtain any of the listed services from this provider and that I am consenting of my own free will, free from coercion or pressure. I also understand that:**

* I am possibly giving up some consumer billing protections under federal law.
* I may get a bill for the full charges for these items and services or must pay out-of-network cost-sharing under my health plan.
* I was given notice explaining that my provider and/or practice is not in my health plan’s network, the estimated costs of services, and what I may owe if I agree to be treated by this provider and/ or practice.
* I have received notice both verbally and written/ electronically.
* I fully and completely understand that some or all amounts that I pay may not count towards my health plan’s deductible, co-pay, co-insurance, or out-of pocket limit.
* I can end this agreement by notifying the provider and/ practice in writing before receiving items and/ or services.

*It is a Federal requirement that we have each client sign this form to begin/resume treatment. Please sign and date before your next appointment and return the signed document before your next appointment. If you have any questions, please don’t hesitate to ask.*

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Print Name Signature Date