

GOOD FAITH ESTIMATE

GOOD FAITH ESTIMATE - PSYCHIATRY & PSYCHOTHERAPY SERVICES

Patient Name:

Patient Date of Birth:

Patient Address:

Patient Identification Number:

Date of Good Faith Estimate:

The table set forth below reflects Cheryl Chen MD PLLC current charges for services. As each patient's needs for mental health interventions are unique, the total cost during the year will ultimately be dictated by the number of sessions you receive, and the acuity level of services provided in connection with your specific diagnosis. This does not include any information about what your health plan may cover. This means the final cost of services may be different than this estimate. Please contact your health plan to find out how much your health plan will cover and how much you may have to pay.

GROSS ESTIMATE FOR PEDIATRIC PATIENT MEDICATION MANAGEMENT:

- \$800 for initial evaluation (75 minutes)
- \$550 if a 2nd evaluation is needed for more complex cases (45 minutes)
- \$375 for 25 minute visits usually at 4 week intervals for the first several months.
- If stable and without need for intervention or medication changes, visits can be spaced out to every 2 months and then every 3 months.
- For complex cases requiring multiple medication changes or interventions, Dr. Chen may recommend longer or more frequent visits. \$550 for 45 minute visits.
- Approximate yearly cost: \$1350 (\$800 +\$550) for evaluations plus monthly 25 minute visits (\$375 x 12= \$4500) = \$5850

GROSS ESTIMATE FOR ADULT PATIENT MEDICATION MANAGEMENT:

- \$600 for initial evaluation (60 minutes)
- \$375 for 25 minutes visits usually at 4 week intervals for the first several months.
- If stable and without need for intervention or medication changes, visits can be spaced out to every 2 months and then every 3 months.
- For complex cases requiring multiple medication changes or interventions, Dr. Chen may recommend longer or more frequent visits. \$550 for 45 minute visits.
- Approximate yearly cost: \$600 (for evaluation) plus monthly 25 minute visits ($\$375 \times 12 = \4500) = \$5100

You may require longer or more frequent follow up visits and your costs would be more than stated above. You may also require less frequent follow up visits and then your costs would be less than stated above. The above is the average cost of a typical psychiatric treatment course. If you are interested in pursuing therapy, typically for therapy to be effective a frequency of weekly or every 2 weeks is recommended.

Dr. Chen's shortest appointment time is 25 minutes. You will be charged for the length of the appointment time that is reserved even if the entire appointment time is not used. Additionally, you will be charged the full fee for no showed appointments and 50% of the fee for late cancelled appointments (less than 48 business hours notice.)

Please note that the Good Faith Estimate does not include any unknown or unexpected costs that may arise during treatment. You could be charged more during these circumstances. If you are billed for more than this Good Faith Estimate, federal law allows you to appeal or dispute the bill.

If you have any questions about this notice and estimate please feel free to contact Dr. Chen at 781-534-9882 or message her through your patient portal account.

If Dr. Chen is out of network with your insurance company, you will be expected to pay in full for services rendered at the time of service. Dr. Chen will provide you with a "Super Bill" following your payment. It is the patient's responsibility to communicate with their insurance company and to submit the "Super Bill" for possible reimbursement. Depending on your insurance plan coverage, the amount of reimbursement will vary. Additionally, health plans may require prior authorization for certain items and services. This means you may need your plan's approval before a service will be covered. Please contact your health plan to inquire if a prior authorization is needed and what information is necessary for approval.

Please visit <http://www.cms.gov/nosurprises> for more information about your rights under federal law

By signing, I give up my federal consumer protections and agree to pay more for out-of-network care. With my signature, I agree to pay for services from Cheryl Chen MD PLLC

Date:

Signature:

Name of Patient Representative, if applicable:

Description of Patient Representative's
Relationship to Patient, if applicable: