

## Meaningful Journey Counseling

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January 2022 a new piece of legislation was passed to protect consumers from receiving unexpected bills from their medical providers. Meaningful Journey Counseling strives to be transparent about fees for each service provided. We believe that with each bill, you should know exactly what to expect. As such, the cost of each session is clearly laid out below in the "Good Faith Estimate".

However, as part of this legislation, health care providers are required to provide additional documentation, some of which does not apply to the work done in this practice.

## No Surprises Act

The purpose of this document is to let you know about your protections from unexpected medical bills. It also asks whether you would like to give up those protections and pay more for out-of-network care.

## What are these protections?

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

"Out-of-network" describes providers and facilities that haven't signed a contract with your health plan, such as Rachel Orleck, Psy.D. As an Out-of-Network provider I will bill you directly for each session up at the time of session. Some health insurance plans will reimburse a portion of the total cost of each session. The difference between what is covered by the health insurance plan and the full rate of each session is called "balance billing." This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care - like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

If your plan covers the item or service you're getting, federal law protects you from higher bills:

- When you get emergency care from out-of-network providers and facilities, or
- When an out-of-network provider treats you at an in-network hospital or ambulatory surgical center without your knowledge or consent.

Ask your health care provider if you need help knowing if these protections apply to you.

You have a choice of healthcare providers. You can choose to receive care from a healthcare provider in your health insurance network, which may cost you less. Or you can choose to work with a provider that is an out-of-network provider such as Rachel Orleck, Psy.D.

While Rachel Orleck, Psy.D. is not in network with your insurance company, it is our ethical standard and practice policy that you will not encounter surprise bills. The costs for each session and type of service is outlined clearly below. Rachel Orleck, Psy.D. will collaborate closely with you to determine number of sessions needed in an ongoing part of the therapeutic treatment. You always have the right to discontinue services at any time.

You shouldn't sign this form if you didn't have a choice of providers when receiving care. For example, if a doctor was assigned to you with no opportunity to make a change. Before deciding whether to sign this form, you can contact your health plan to find an in-network provider or facility if you'd prefer. Your health plan might work with you to provide some percentage of coverage for this provider (please note that this is based on your individual health coverage and plan, and is reimbursed to you directly).

You also have the right to decide to work with a provider that your health plan will not cover and pay out of pocket.

**IMPORTANT:** You don't have to sign this form. But signing this form is a requirement to receive treatment from Rachel Orleck, Psy.D. If there are any questions or concerns, please contact Rachel Orleck, Psy.D., to discuss.

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## Good Faith Estimate

**Client Name:**

**Birthdate:**

**Diagnosis:**

Provider: Rachel Orleck, Psy.D.

NPI #: 1285043562

Tax ID #: 81-3933636

The amount below is only an estimate; it isn't an offer or contract for services. This estimate shows the full estimated costs of the items or services listed. It doesn't include any information about what your health plan may cover. This means that the final cost of services may be different than this estimate.

Contact your health plan to find out how much, if any, your plan will pay and how much you may have to pay.

## GOOD FAITH ESTIMATE: TABLE OF SERVICES AND FEES

List of Services (Number of Sessions Will Be Determined as We Progress):

### Initial Evaluation

Fee

CPT Code

Date of First Appointment (If Known)

### Individual Psychotherapy, 50 minutes

Fee

CPT Code

Date of First Appointment

### Family Psychotherapy without Patient Present, 50 min

Fee

CPT Code

Date of First Appointment

**Family Psychotherapy with Patient Present, 50 minutes**

Fee

CPT Code

Date of First Session

**No Show or Late Cancellation Fee (Your therapist has a 48 hr cancellation policy)**

Fee

**Production of Records: prorated based on the amount time needed to complete task**

Fee

**Legal Fees: includes preparation, travel, consultation, and court time**

Fee

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

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If you are billed for more than \$400 of this Good Faith Estimate as outlined above, 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](http://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](http://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.

Take a picture and/or keep a copy of this form.

It contains important information about your rights and protections.