HOME ABOUT SERVICES CONTACT SCHEDULE

# rebecca mercurio

## SERVICES

### AREAS OF SPECIALIZATION

Anxiety

Career Matters

Depression prificant Life Changes & Transitions Stress Management Women's Issues

### TREATMENT MODALITIES

Acceptance and Commitment Therapy (ACT)
Cognitive Behavioral Therapy (CBT)
Positive Psychology Psychoeducation

### RATES & INSURANCE

<u>BATES</u>

The cost per 45-50 minute therapy session is \$180. Payment is due at the time of service, and Rebecca accepts credit, debit, and HSA/FSA cards.

Out of Network insurance
Clients can request a document called a Superbill that they can then submit to their insurance policy for potential rein
network benefits.

Selective paying for therapy ensures you full control over your therapeutic work, with the flexibility and autonomy to engage in the individualized therapeutic services that there you was not ensured and goals. You make your own important treatment decisions, like how by your bemain in therapeutic services that they work on in theraps you confidential information. Ho sensitive, personal information is the interest of the property of the prope

# Your Rights and Protections Against Surprise Medical Bills

"Out-of-network" describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providersmay be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This 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 ca when you schedule a visit at an innetwork facility but are unexpectedly treated by an out-of-network provider.

Certain services at an in-network hospital or ambulatory surgical center. When you get services from an in network hospital or ambulatory surgical center certain providers there may be out-of-network in these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, individuoly, alboratory, necentable, surgice, hospitalist, or intensivist services. These providers can't balance bill you and may not ask you to give up your protections not to be balance billed.

You're never required to give up your protections from balance billing. You also aren't required to get care out-of-network. You can choose a provider or facility in your plan's network.

When balance billing isn't allowed, you also have the following protections:

· Your health plan generally must:

- Cover emergency services by our one of extraction providers.
   Base what you owe the provider of facility (cost sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.

If you believe you've been wrongly billed, you may contact 1-000-905-3059. Visit https: your rights under federal law, for more information about your rights under federal law.