

Good Faith Estimate Template Only

Provider: Johanna Karasik, MA, MCJ, LPC, Certified ART Practitioner
Provider Federal Tax ID: 84-5143757
NPI#: 1881201952

Client Name: Template Only

Date of Birth: Template Only

In compliance with the No Surprises Act (effective January 1, 2022), all healthcare providers are required to notify clients of their Federal rights and protections against “surprise billing.” This Act requires that healthcare providers notify you of your federally protected rights to receive a notification when services are rendered by an out-of-network provider, if you are uninsured, or if you elect to not to use your insurance.

Healthcare providers are required to provide you with a Good Faith Estimate of the cost of services. It is difficult to determine the exact length of treatment for mental health care, and it is ultimately up to each client to decide how long and how often they would like to participate in counseling. I am transparent with my fees and each client ultimately decides whether to schedule services or terminate counseling at any time, subject to the Cancellation Policy outlined in the Disclosure Statement. I have included a fee schedule for the services typically offered and I will continue to collaborate with you on a regular basis to determine the appropriate frequency and duration of our work together.

I am not an in-network provider for any insurance companies. I provide self-pay services only (with the exception of limited and specific Employee Assistance Program agreements), regardless of a client’s insurance status. I do not work communicate or otherwise coordinate with insurance companies. By scheduling services with me, clients assume full responsibility for direct payment of services in line with my standard practice billing procedures outlined in the Disclosure Statement. Clients may choose to submit receipts to their insurance companies to request reimbursement for out-of-network mental health benefits. Clients who do so assume full responsibility for all communication with their insurance company. Insurance companies may deny claims in full or in part for a myriad of reasons.

Disclaimers

This Good Faith Estimate shows the costs of items and services that are reasonably expected and/or available for your health care needs. The estimate is based on information known at the

time the estimate was created and is subject to change. The Good Faith Estimate is not a contract and does not require you to obtain the services from the provider identified on the Good Faith Estimate. The Good Faith Estimate does not include any unknown or unexpected costs that may arise during treatment. You could be charged more if complications or special circumstances occur. If this happens, federal law allows you to dispute (appeal) the bill.

If you are billed for more than this Good Faith Estimate, 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 or call HHS at (800) 368-1019.

For questions or more information about your right to a Good Faith Estimate, visit www.cms.gov/nosurprises or call the Colorado Division of Insurance at 303-894-7490 or 1-800-930-3745.

Keep copies of Good Faith Estimates in a safe place or take pictures of it. You may need them if you are billed higher amounts.

Contact info:

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Good Faith Estimate: List of Services & Fees

The following is a list of expected charges and/or available services as of November 15, 2023. I may choose to review my fee structure once or twice a year. In the case that I decide to increase fees, I will notify current active clients at least six (6) weeks in advance. Fees billed at my hourly rate are the same across mediums and locations (in-person, video call, phone, etc.)

Initial 15-min phone consult for potential clients = No charge

Intake session (60 min) = \$156

Individual therapy session (60 min) = \$156

Individual therapy session (75 min) = \$195

Individual therapy session (90 min) = \$234

At times, sessions may be scheduled for different time lengths by client request or therapist suggestion/availability. These are prorated at the same hourly fee (using 60 minutes = \$156). Charges are determined by the time scheduled.

30min session = \$78

60min session = \$156

2hr session = \$312

45min session = \$117

75min session = \$195

3hr session = \$468

50min session = \$130

90min session = \$234

Additional communications & related services = prorated @ hourly rate (\$156/60 min).

Includes but is not limited to:

- phone calls beyond scheduling an appointment
- writing letters reports for clients or third parties (e.g. insurance companies, physicians, employers, etc.)
- coordinating care with other providers (e.g. prescribers, couples therapists)

Cancellations and Reschedules: 72 business hours (3 full business days) required to cancel or change session without reschedule stipulations or a fee for the unused time. See Disclosure Statement for full policy. **Less than 24 business hours (1 full business day) = full session fee** for the missed session and the rescheduled/next session will be a new charge, at the regular session rate, unless rescheduled for the same day, subject to the therapist's availability. Cancelling or rescheduling with **24-72 business hours' notice (1-3 full business days) = half session fee** for the missed time unless it is rescheduled to occur within the same Monday-Friday week or +/- 2 business days, subject to the therapist's availability.

Subpoena & Litigation Fees: \$300/hour for all time including therapist's work, travel, and timeframes therapist must be available, **plus all legal fees, consultation fees, and other expenses therapist incurs** related to client's case.