# Good Faith Estimate for Health Care Services

Applicable to Out of Network & Self-Pay clients, as well as payments applied to insurance deductibles.

**Practice:**
- Affinity Health & Wellness, PLLC at 277 S Washington St. Suite 210, Alexandria, VA 22314; ph: 703-828-8308
- Group NPI: <u>1518604073</u>          Provider NPI: <u>1316283914</u>          EIN: <u>88-1244892</u>

**Brief explanation of estimate for NEW patients:**
- The estimate below is the cost that is likely for most new patients.

**Brief explanation for CONTINUING patients:**
- The estimate below is the cost range that is likely for your care at follow-up visits.  Depending on how treatment progresses, more or fewer sessions may be needed.

<u>Contact</u>: If you have questions about this estimate, please contact Affinity Health & Wellness, PLLC.

**Details of the Estimate**

The following is a detailed list of expected charges for your mental health visits for "out of network" or "self-pay" clients, as well as an estimate for charges that would be required **due to your insurance deductibles**. The estimated costs are valid for up to 12 months from the date of this Good Faith Estimate, unless we send you an updated estimate.

**New Patient Psychiatric Intake**:
- CPT Codes: 99204 + 90836/90838 or 99205
- **Cost: $350**

**Follow Up Visits**
- CPT codes: 99213, 99214 + 90833, 90836, 90838
- **Cost per visit: $195-$230**

**ADHD - Computerized Neuropsych Testing:**
- CPT codes: 96132
- **Cost: $250**

| Service (In-Office or telehealth) | Diagnosis Codes | CPT Codes | Quantity (# of sessions/units) | Cost per unit | Expected cost |
|---|---|---|---|---|---|
| **New Patient** Psychiatric Intake | TBD | 99204/90836, or 99205 | 1 | $350 | $350 |
| **Questionnaires** | TBD | 96127 | 1 | $8 | $8 |
| **Follow-up visits** | TBD | 99213/90833 (30 min) 99214/90833 (30 min) 99214/90836 (45 min) 99214/90836 (60 min) | 1 1 1 1 | $195 $210 $230 $260 | $195-$230 |
| **ADHD –** Neuropsychological Computerized Testing | TBD | 96132 | 1 | $250 | $250 |

*The level of service code that the provider chooses to bill depends on Medical Decision Making and Time Spent.*

**Total estimated cost PER YEAR** (average 8 - 10 visits per year): <u>**$1330 - $2240**</u>

**Disclaimer**
- This Good Faith Estimate (GFE) shows the costs of services that are reasonably expected for the expected services to address your mental health care needs. The estimate is based on the information known to us when we did the estimate.

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- The Good Faith Estimate (GFE) 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 $400 more than this Good Faith Estimate (GFE), you have the right to dispute the bill.**

- You may contact the practice at the contact listed above to let them know the billed charges are at least $400 higher than the GFE. You can ask them to update the bill to match the GFE, 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 (DHHS). 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 GFE. 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 CMS at 1-800-985-3059.

For questions or more information about your right to a Good Faith Estimate or the dispute process, visit www.cms.gov/nosurprises or call CMS at 1-800-985-3059.

This GFE is not a contract.  It does not obligate you to accept the services listed above.

**Keep a copy of this Good Faith Estimate (GFE) in a safe place or take pictures of it. You may need it if you are billed more than $400 than the estimate provided above.**