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**No Surprises Billing Act & GOOD FAITH ESTIMATE**

In compliance with a new law, the No Surprises Billing Act that goes into effect January 1, 2022, all  
healthcare providers are required to notify patients of their Federal rights and protections against “surprise billing.” This Act requires that we notify you of your federally protected rights to receive a notification when services are rendered by an out-of-network provider, if a patient is uninsured, or if a patient elects not to use their insurance. Additionally, we are required to provide you with a Good Faith Estimate of the cost of services (below). It is difficult to determine in advance the actual length of treatment for mental health care and psychotherapy services, and each patient has the right to decide how long they would like to participate in mental health care and whether to receive psychotherapy services. Therefore, the Good Faith Estimate form I have created is based on the fee schedule for the services typically offered in my therapy practice. We will collaborate together to determine how many sessions you may need. Psychotherapy services offered by Jennifer Wofford are entirely voluntary, at the choice and discretion of the Patient.

**Explanatory Language directly from the new CMS regulation:**

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. 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. Out-of-network providers may 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 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. **For more info:** https://www.cms.gov/files/document/model-disclosure-notice-patient-protections-against-surprise-billing-providers-facilities-health.pdf.

Jennifer Wofford, MSW, LICSW is an out-of-network, licensed mental health care provider. By choosing to obtain psychotherapy services from Jennifer Wofford you may have to pay more for services than if you choose a provider who is within your insurance plan network. As an Out-of-Network provider, Jennifer Wofford will provide Psychotherapy services to you. These services may or may not be covered by reimbursements from your insurance plan. You have the right to select a different therapist who is within your insurance plan network. By choosing to select Jennifer Wofford, you will incur fees that may not be reimbursed by your plan.

Psychotherapy Services with Jennifer Wofford can include insight-oriented, supportive talk therapy, cognitive therapy, experiential methods of therapy such as Somatic Experiencing and Internal Family Systems, meditation and Buddhist therapy, and other methods; and relationship-based couples therapy such as Imago Therapy, Emotionally Focused Couples Therapy, Nonviolent Communication, and Gottman method, and other methods.

Sessions for individual patients, which last for up to 45-50 minutes, are coded as 90834 for the Customary Procedural Code, and consist of the psychotherapy methods described above. The fee for individual sessions is typically $200, but can vary according to the fee scale based upon your income. Fees may be $150 or $250 or $300 at the most, according to the fee scale agreed upon in the Payment Policies which the Patient has signed. Sessions for Couples counseling lasts for 75-90 minutes, coded as 90847 CPT, and the duration of the session is considered a “double session” and the fee is typically $350-400, and as much as $500 or as low as $200 according to the fee schedule based on the patient’s income in the Payment Policies which have been agreed upon and signed by the patient. The duration of psychotherapy treatment is determined in collaboration with the patient. Typical duration for individual and couples counseling can range from 3 months to 2 years, most often with once-a-week sessions, and treatment is entirely voluntary. The client may initiate a dispute resolution process if billed charges are $400 more than the estimate (please contact CMS to get more information about this process). Initiating such a process will not adversely affect the quality of services rendered. The estimate does not obligate the patient to obtain listed services. Your health plan might not reimburse you for these fees paid, and your plan might not count any of the amount you pay towards your deductible and out-of-pocket limit. Contact your health plan for more information.

**“How can I anticipate in advance what therapy will cost?”**  Depending on the progress we make in sessions, and based upon the patient’s wishes and choices, I anticipate that we will likely meet for 15–40 sessions in a year. For patients for whom there will be zero (no) reimbursement from your insurance, you can expect total estimated fees to be as follows: At $200 per session, without reimbursements, the estimated total cost would be $3,000 – 8,000.  At a fee of $250 per session, without reimbursements, the estimated total cost would be $3,750 – 10,000. For couples’ sessions, without reimbursements, if we were to meet for 15 – 20 sessions this year, at a fee of $350 the total estimated cost would be $5,250 – 7,000. For couples’ sessions, without reimbursements, at a fee of $400 the total estimated cost would be $6,000 – 8,000. Most insurance plans will give you reimbursement for each session based on the individual insurance plan rules. I provide a receipt for sessions which patients can use for their reimbursement. Reimbursement by private insurance companies may vary depending upon co-insurance, deductibles, and each insurance company. Typical insurance reimbursement with a PPO plan may range from 50% to 80% of a session fee after deductibles have been met. I cannot guarantee your reimbursement rate from your individual insurance coverage.

The information provided in this Good Faith Estimate is only an estimate and actual items, service and charges may differ from the Good Faith Estimate. This estimate does not require a patient to obtain psychotherapy services from me. I have read and understood fully this document, and my signature indicates my agreement with the expected fees for psychotherapy services with Jennifer Wofford. I understand that Psychotherapy treatment is entirely voluntary. I understand that Jennifer Wofford is an out-of-network provider and is not on the panel for my plan.

**GOOD FAITH ESTIMATE:**

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**Client’s Name** **Date of Birth**  Second Client’s Name DOB

Method of Delivery: I received this notice via: (please circle) Form on website, In person, By email

Fee Per Session (from Payment Policies):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Estimated Sessions this year (in collaboration with Client): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total anticipated fees this year (without insurance reimbursement): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diagnosis Codes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CPT Service Codes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Client’s Signature** **Date**

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**Second Client’s Signature** (for couples) **Date**