

Jennifer Basler, LCSW, PMH-C

Achieve Wellness Counseling and Consulting, LLC

9362 Grand Cordera Pkwy, Suite 170

Colorado Springs, CO 80924

PROVIDER INFORMATION

Jennifer Basler, LCSW, PMH-C

License Number: CSW.00001092

Disclaimer

This Good Faith Estimate shows the costs of items and services that are reasonably expected for your health care needs for an item or service. The estimate is based on information known at the time the estimate was created.

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.

Estimated Private pay and Out-of-Network (OON) rates:

Rates based on service coded listed below:

ESTIMATED PRIVATE PAY COSTS BASED ON ANTICIPATED SERVICES PROVIDED

Service Codes: 90837, 90834, 90832

Cost: 140.00 Per Session

Expected annual costs is 7,280.00* (*if client attends weekly sessions for 52 weeks)

Service Codes: 90846, 90847

Cost: 150.00 Per Session

Expected annual costs is 7,800.00 * (*if client attends weekly sessions for 52 weeks)

Service Codes: 90791

160.00 Per session

Estimated Annual cost is 320.00* (*2 psychiatric diagnostic sessions per year)

Additional Fees Associated with Treatment May Include the Following:

The following is a detailed list of additional charges that may occur over the course of your treatment. Not all clients will incur additional charges. *Fees listed below are based on each individual occurrence. You will be notified at the time of these services of the expected and estimated costs and/or changes to the cost of services when necessary. You have the option to decline additional services and fees associated. No-show/late cancellation and returned check fees cannot be declined.

No-Shows and late cancellations:

Fee: 140.00 for each occurrence

Returned checks will be assessed at 15.00 plus any bank charges.

Phone calls and voice mail messages are billed as follows:

*\$25.00 for 1-15 minutes

*\$45.00 for 16-30 minutes

*\$65.00 for 31-45 minutes

*\$85.00 for 46-60 minutes

Fees may include collateral contact (i.e. necessary communications with other people involved in your care.)

*\$25.00 minimum charge for letter writing

*\$18.53 minimum charge for file copying

*\$75.00 per hour charge for staffing

*\$75.00 per hour for review of records and documents

Fees for Records Request: Patient or Personal Representative

Colorado law establishes the following reasonable fees that a health care facility may charge. The fees may not exceed the following:

- For the first ten pages: \$18.53
- For the next thirty pages (pages 11 through 40): \$0.85 per page
- Each additional page after page 40 : \$0.57 per page (all records except those stored on microfilm) or \$1.50 per page (records stored on microfilm)
- Actual shipping costs
- Applicable sales tax

Court Costs: To be billed to responsible party requesting professional testimony, i.e. Client or attorney

*\$75.00 per hour for court preparation (1 hour minimum)

*\$250.00 per hour for expert testimony (2 hour minimum)

*\$100.00 per hour portal to portal fee for Court appearance requires payment in advance and are non-refundable.

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 or the dispute process, visit 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.