Good Faith Estimate ($150 Fee)

Carolina Counseling and Play Therapy, PLLC

150 Wind Chime Court, Unit B

Raleigh, NC, 27615

Phone: (910) 319-9759

Email: hannah@carolinacounselingandplaytherapy.com

Good Faith Estimate

Under Section 2799B-6 of the Public Health Service Act, health care providers and health care facilities are required to inform individuals who are not enrolled in a plan or coverage or a Federal health care program, or not seeking to file a claim with their plan or coverage both orally and in writing of their ability, upon request or at the time of scheduling health care items and services, to receive a "Good Faith Estimate" of expected charges.

Note: The Public Health Services Act and the Good Faith Estimate do not apply currently to any clients who are using insurance benefits, including Out of Network Benefits (seeking reimbursement from your insurance companies).

Common Services at Carolina Counseling and Play Therapy, PLLC

90791: Initial therapy intake session

90837: 50 minute psychotherapy session

90846: Family psychotherapy (without the client present)

Common Diagnosis Codes at Carolina Counseling and Play Therapy, PLLC

F43.20: Adjustment Disorder, Not Otherwise Specified

F41.1: Generalized Anxiety Disorder

F43.1: Post-Traumatic Stress Disorder (PTSD)

Where Services will be Received

Online, via telehealth

In the office (in person)

At Carolina Counseling and Play Therapy, PLLC, I recognize that every person's therapeutic journey is unique. How long and how often you will need to engage in therapy can be influenced by several factors such as: your schedule, therapist availability, ongoing life challenges, and personal nuances.

Below, you will see an estimated cost of receiving therapy if you meet with me for 48-52 weeks at my current rate. Not all clients will meet with me weekly, and as such, as we continue in our work together, we will discuss your specific needs.

90791: $170/session

90837: $150/session

90846: $150/session

Estimated Costs of Services

I expect that my care of you will require continued weekly (or bi-weekly) therapy sessions continuing through the end of the year, at the below stated cost per session for a total of 52 sessions.

$7800/year

26 sessions bi-weekly per year, accounting for vacations, holidays, cancellations/ sickness for an estimated total laid out below

$3900/year

Provider Name: Hannah Edwardson, MA, LCMHC, NCC

Practice Name: Carolina Counseling and Play Therapy, PLLC

Practice Type: Outpatient Mental Health

NPI: 1043841943

Tax ID: 93-4309095

Owner Email: hannah@carolinacounselingandplaytherapy.com

Phone: (919) 867-4655

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, and does not include any unknown or unexpected costs that may arise during treatment.

If you are billed for more than this Good Faith Estimate, you have the right to dispute the bill.

Throughout your treatment, the provider may recommend additional items or services as part of your treatment that are not reflected in this estimate. These would need to be scheduled separately with your consent and the understanding that any additional service costs are in addition to the Good Faith Estimate.

If your needs change during treatment, your provider should supply a new, updated Good Faith

Estimate to reflect the changes to treatment, and the accompanying cost changes.

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.

The Good Faith Estimate is not a contract between provider and client and does not obligate or require the client to obtain any of the listed services from the provider.

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) 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 (800) 985-3059.

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.

Additional notes regarding mental health care services: While I do my best to determine the expected length of your treatment, there of course will be fluctuations to this, as noted above, due to vacations, sick-time, and cancellations.

The above amount does not take into account late cancellation or missed appointment fees which occur at a rate of $75/appointment not cancelled within 48 hours and full session fee of $150 for no shows.

By signing below, I understand that my provider is providing a "good faith estimate of the cost associate with my care.

I understand that if I have health insurance, and the services I am receiving from this Provider are a covered benefit under my health insurance plan, that I may receive services at an "in- network" provider/facility at a reduced rate.