

SAMPLE / ILLUSTRATIVE GOOD FAITH ESTIMATE

(For General Information & Price Transparency Purposes Only)

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Individual NPI (Type 1): 1861719809 | **Group NPI (Type 2):** 1043538325 | **Federal Tax ID (TIN):** 20-0783810

NOTICE: This document is an **illustrative sample** intended to demonstrate standard service pricing and baseline treatment cost projections for Richard Andrew Buss, PC. This generic sample does **not** constitute an official or binding Good Faith Estimate for an individual client. Upon scheduling care or requesting a personalized quote, an individualized Good Faith Estimate containing your specific details will be provided.

1. Client & Service Location Information *(Individualized at Onboarding)*

- **Client Name:** [Sample Client Name]
- **Client Date of Birth:** [MM/DD/YYYY]
- **Client Address:** [Client Street Address, City, State, ZIP]
- **Primary Service Location:** In-Office (7257 Andy Drive, Lincoln, NE 68516) or Telehealth (Secure Video)
- **Primary Diagnostic Code (ICD-10):** [Assigned upon assessment / Unassigned prior to evaluation]
- **Estimate Date:** [Date Generated]
- **Estimate Validity Window:** 12 months from the date of issuance

2. Standard Schedule of Services & Fee Structure

Service Description	CPT Code	Primary/Add-On	Unit Fee	Expected Billing Frequency
Initial Diagnostic Evaluation	90791	Primary	\$295.00	Once at intake
Individual Psychotherapy (53+ min)	90837	Primary	\$255.00	Weekly / Biweekly / Monthly

Service Description	CPT Code	Primary/Add-On	Unit Fee	Expected Billing Frequency
Individual Psychotherapy (38–52 min)	90834	Primary	\$255.00	As clinically indicated
Individual Psychotherapy (16–37 min)	90832	Primary	\$165.00	As clinically indicated
Crisis Psychotherapy (First 30–74 min)	90839	Primary	\$255.00	As needed in acute crisis
Administrative / Legal Preparation	N/A	Non-Clinical	\$255.00 / hr	Upon client request / Court order

3. Illustrative Treatment Arc Examples

Because mental health care is tailored to your individual goals and clinical presentation, the exact length and frequency of treatment cannot be determined in advance. You and your therapist will regularly collaborate to review your progress and determine session frequency. Below are standard illustrative treatment cost projections:

Example A: 16-Week Focused Care Arc (Biweekly Sessions)

- 1 x Initial Diagnostic Evaluation (90791): \$295.00
- 7 x Standard Psychotherapy Sessions (90837 / 90834 @ \$255.00): \$1,785.00
- Total Estimated Cost (16 Weeks): \$2,080.00

Example B: 6-Month Active Care Arc (Weekly to Biweekly Transition)

- 1 x Initial Diagnostic Evaluation (90791): \$295.00
- 12 x Standard Psychotherapy Sessions (90837 / 90834 @ \$255.00): \$3,060.00
- Total Estimated Cost (6 Months): \$3,355.00

Example C: 12-Month Maintenance Arc (Biweekly Sessions)

- 1 x Initial Diagnostic Evaluation (90791): \$295.00
- 25 x Standard Psychotherapy Sessions (90837 / 90834 @ \$255.00): \$6,375.00
- Total Estimated Cost (12 Months): \$6,670.00

4. Policy on Ancillary Fees & Missed Appointments

- **Late Cancellation / Missed Session Fee:** Cancellations or rescheduling requests made with **less than 24 hours' notice** are charged a fee equal to **50% of the**

scheduled session fee (\$127.50 for a standard psychotherapy session). This fee is charged directly to your card on file and cannot be billed to insurance.

- **Late Arrivals:** Arriving 10 or more minutes late results in a missed session, cancellation, and the standard late cancellation fee.

5. Mandatory Federal Disclosures & Dispute Protections

Under the federal No Surprises Act, uninsured or self-pay health care consumers have explicit legal protections against unexpected billing:

1. **Right to an Estimate:** You have the right to receive a Good Faith Estimate showing the total expected cost of non-emergency mental health items and services.
2. **Estimate Timing:** Your individualized Good Faith Estimate will be provided in writing at least 1 business day before your scheduled service if scheduled 3+ business days in advance, or within 3 business days of a direct request.
3. **No Obligation:** A Good Faith Estimate is an estimate only. It is not a contract and does not obligate you to obtain any of the listed services from Richard Andrew Buss, PC.
4. **Right to Dispute Bills Exceeding Estimate:** If you receive an actual bill from this practice that is **at least \$400 higher** than your official, individualized Good Faith Estimate, you have the legal right to dispute the bill under the federal Patient-Provider Dispute Resolution process.
 - You may contact the practice directly to request an updated estimate, discuss billing questions, or negotiate the charge.
 - You may also initiate an independent dispute resolution process with the U.S. Department of Health and Human Services (HHS) within 120 calendar days of receiving the disputed bill. Initiating this process requires a \$25 administrative fee.
5. **Record Retention:** Keep a copy or digital photo of your individualized Good Faith Estimate for your personal financial records.

Questions or Information Regarding Federal Rights:

Visit the Centers for Medicare & Medicaid Services (CMS) at www.cms.gov/nosurprises or call the No Surprises Help Desk at **1-800-985-3059**.

State Regulatory Authority: Nebraska Department of Insurance | Phone: (402) 471-2201 or 1-877-564-7323.