Good Faith Estimate

Practice Name:	**Transformation Counseling**
Provider Name:	**Laurie Newcomb, LPC, NCC, CCTP,**
Address:	**6774 Jamestown Drive, Alpharetta, Georgia 30005**
Phone:	**404-449-1236**
Email:	**laurie@transformationcounselingatl.com**
Tax ID:	**82-4032073**
NPI:	**Laurie Newcomb: 1235727710**

This document describes your protections against unexpected medical bills. It also asks if you would like to give up those protections and pay more for your out-of-network care.

PLEASE NOTE: You aren't required to sign this form and shouldn't sign it if you didn't have a choice of health care provider before scheduling care. You can choose to get care from a provider or facility in your health plans network, which may cost you less.

You're getting this notice because this provider or facility isn't in your health plan's network and is considered out-of-network. This means the provider or facility doesn't have an agreement with your plan to provide services. Getting care from this provider or facility will likely cost you more than if you choose to use a provider covered by your health insurance plan.

If your plan covers the item or service you're getting, federal law protects you from higher bills when:

- You're getting emergency care from an out-of-network provider or facility, or
- An out-of-network provider is treating you at an in-network hospital or ambulatory surgical center without getting your consent to receive a higher bill.

Ask your health care provider or patient advocate if you're not sure if these protections apply to you.

If you sign this form, be aware that you may pay more because:

- You may owe the full costs billed for the items and services you get.

- Your health 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.

Before deciding whether to sign this form, you can contact your health plan to find an in-network provider or facility. If there isn't one, you can also ask your health plan if they can work out an agreement with this provider or facility (or another one) to lower your costs.

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.

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 https://www.cms.gov/nosurprises

For questions or more information about your right to a Good Faith Estimate or the dispute process, https://www.cms.gov/nosurprises or call 1-800-368-1019.

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Date of Service (if known)	Service Code	Description	Fee for Service (Number of Sessions Will Be Determined as We Progress)
	90791	Initial Session Goal planning	Laurie Newcomb- $175
	90837	Psychotherapy, 50 Minutes-**(This is hourly rate and is used for all prorated calculations as indicated)**	Laurie Newcomb- $175
	X9504	Psychotherapy, 90 Minutes	Laurie Newcomb- $225
	90846	Family Psychotherapy without patient present, 50 Minutes	Laurie Newcomb- $175
	90847	Family Psychotherapy with patient present, 50 Minutes	Laurie Newcomb- $175
	Cancellation/No show fee	Your Therapist Requires a 24-48 Hour Cancellation Policy	You are responsible for the full rate of missed session.
	Production of Records		$125
	Paperwork Completion (includes any letters or formal documentation)		$150 Per Item
	Legal Fees		Varies Based on Needs

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	Total Estimate:	This Good Faith Estimate explains your therapist's rate for each service provided. Your therapist will collaborate with you throughout your treatment to determine how many sessions and/ or services you may need to receive the greatest benefit based on your diagnosis(es)/presenting clinical concerns and/or goals. Here are some examples of what you can expect to pay based on session frequency: Calculated based on Laurie Newcomb, LPC, NCC, CTTP rates. • Weekly-$175X52 sessions=$9100/Year • Biweekly: $175x26 sessions=$4500/Year • Monthly: $175x 12sessions=$2100 *Based on standard 50 min session

**Telehealth and in person visits are the same price.*

Estimate Worksheet: Rate Quoted at $175 a session:

Weekly: $175 X 52 Sessions=$9100.00

Therapist fee *Estimated Annual Cost*

Biweekly: $175 X 26 Sessions=$4,500.00

Therapist fee *Estimated Annual Cost*

Monthly: $175 X 12 Sessions=$2100.00

Therapist fee *Estimated Annual Cost*

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