

Nicole A Schild LCSW LLC Fee Schedule

No Surprises Act 2022

I understand and consent that Nicole Schild, LCSW LLC is informing me of and following the laws of The No Surprises Act requirements applicable to providers, and facilities. These include provisions which requires providers and facilities to furnish a good faith estimate of expected charges upon request or upon scheduling a service for an individual. Providers and facilities are required to inquire if an individual is enrolled in an insurance plan. In the event that an uninsured (or self-pay) individual requesting a good faith estimate for a service or schedules a service to be furnished, the providers and facilities are required to furnish the good faith estimate to the uninsured (or self-pay) individual. No Surprises Act directs a process under which an uninsured (or self-pay) individual can avail themselves of a patient-provider dispute resolution (PPDR) process if their billed charges after receiving an item or service are substantially in excess of the expected charges listed in the good faith estimate furnished by the provider or facility. An uninsured (or self-pay) individual means, with respect to a service, an individual who does not have benefits for such service under a group health plan, group or individual health insurance coverage offered by a health insurance issuer, federal health care program or a health benefits plan (or an individual who has benefits for such item or service under a group health plan or individual or group health insurance coverage offered by a health insurance issuer, but does not seek to have a claim for such item or service submitted to such plan or coverage)

Full details of the No Surprise Act can be found:

<https://www.kff.org/health-reform/issue-brief/no-surprises-act-implementation-what-to-expect-in-2022/>

SERVICE CHARGES

Code

90837 Individual Psychotherapy - 55 min \$145

90791 Psychiatric Diagnostic Eval - 55 min \$165

90847 Family Psychotherapy with client - 55 min \$160

90832 Psychotherapy - 30 min \$100

90839 Psychotherapy for Crisis - 60 min \$170

90846 Family Psychotherapy w/o client - 55 min \$125

99354 Prolonged Service in office/outpatient setting -30 min \$100

095 Court Ordered File Distribution and Prep - 60 min \$95

105 Treatment Planning - 55 min \$105

580RTNR Retainer for Court Subpoena - 4 hours/240 min \$580

145CTSTMNY Court Testimony - 60 min \$145

055LETTER Letter Writing - per Page \$55

The provider may recommend additional items or services as part of the treatment that are not reflected in the rates above. These charges would need to be scheduled and estimated by the referred service provider separately.

Client will be charged \$100.00 for missed or canceled appointments unless notification is given 24 hours prior to the scheduled time of the appointment. Insurance companies do not cover the costs of missed appointments and will bill directly. Additionally, court related charges are not covered by insurance and client will be responsible for any court related fees.