

BLOOM BEHAVIORAL HEALTH



**Good Faith Estimate From Bloom Behavioral Health**

Effective January 1, 2022, a ruling went into effect called the "No Surprises Act" which requires practitioners to provide a "Good Faith Estimate" (GFE) about out-of-network care. The Good Faith Estimate works to show the cost of items and services that are reasonably expected for your health care needs for an item or service, a diagnosis, and a reason for therapy. 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 and will be provided a new "Good Faith Estimate" should this occur. If this happens, federal law allows you to dispute (appeal) the bill if you and your therapist have not previously talked about the change and you have not been given an updated good faith estimate.

Under Section 2799B-6 of the Public Health Service Act (PHSA), 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.

**1. Do You Qualify For A Good Faith Estimate?**

\* Do you have health insurance? (Anthem BCBS, United Health Care, AETNA, etc. This also includes any government insurance like Medicare, Medicaid, or Tricare)

- Yes. If so, with which Insurance Company: \_\_\_\_\_
- No.

\* Do you intend to submit an Out of Network claim (SuperBill) to your Insurance company for any or all services provided to you by Bloom Behavioral Health?

- Yes. If yes, please carefully read the notes below.
- No.

- **Please Note:** The PHSA and GFE does not currently apply to any clients who are using insurance benefits, including "out of network benefits" (i.e., submitting superbills to insurance for reimbursement).
  - If you plan to submit a Superbill, or use Out Of Network benefits for any services rendered by Bloom Behavioral Health, you can disregard the remainder of this GFE.

A red asterisk (\*) in this document indicates a required field for the Client to fill out in order to complete your GFE from Bloom Behavioral Health.

## **Good Faith Estimate for Bloom Behavioral Health**

### **1. Common Services At Bloom Behavioral Health**

- 90791: Intake Therapy Session(s)
- 90837 Individual Therapy
- 90847 Family/Couples Therapy (Conjoint)
- 90846 Family/Couples Therapy (Without the Identified Client Present)
- 90853 Group Therapy (3+ clients in a session, one of which is the Primary Identified Client)

### **2. Common Diagnosis Codes At Bloom Behavioral Health**

Below are common diagnosis codes at Bloom Behavioral Health; however, the list is not exhaustive. With that said, diagnosis codes can change based on many factors. Please speak to your therapist with any questions or concerns.

- (V65.49 or Z70.9) Sex Therapy/Counseling
- (F43.23) Adjustment Disorder
- (V61.10 or Z63.0) Relationship Distress with Spouse or Partner
- (V71.09 or Z03.89) No Diagnosis or Condition
- (F52.9) Unspecified sexual dysfunction not due to a substance or known physiological condition
- (F52) Sexual dysfunction not due to a substance or known physiological condition
- (F52.0) Hypoactive sexual desire disorder
- (F52.1) Sexual aversion disorder
- (F52.2) Sexual arousal disorders
- (F52.21) Male erectile disorder
- (F52.22) Female sexual arousal disorder
- (F52.3) Orgasmic disorder
- (F52.31) Female orgasmic disorder
- (F52.32) Male orgasmic disorder
- (F52.4) Premature ejaculation
- (F52.5) Vaginismus not due to a substance or known physiological condition
- (F52.6) Dyspareunia not due to a substance or known physiological condition

[Diagnoses are listed with ICD-10 Codes]

**3. Your Treatment Is Unique and Customized For You and Your Clinical Needs**

The Required "Good Faith Estimate" Law does not account for various factors related to therapy.

Bloom Behavioral Health recognizes every client's therapy journey is unique. How long you need to engage in therapy and how often you attend sessions will be influenced by many factors including, but not limited to:

- Your schedule and availability
- Your life circumstances
- The therapist's availability
- Your ongoing life challenges or life changes
- The nature of your specific challenges or situation and how you choose to address them
- Your personal finances
- The progress or change seen or felt by the client(s) during the course of therapy

You and your therapist will continually assess the appropriate frequency of therapy and will work together to determine when you have met your goals and are ready for discharge and/or a new "Good Faith Estimate" will be issued should your frequency or needs change and you are not submitting Superbills to your Insurance.

Again, the number of total therapy sessions with Bloom Behavioral Health is based on the client's needs, preferences, and the progress made in treatment.

**4. Where Services Will Be Delivered**

Bloom Behavioral health is an exclusively telehealth practice; as such, all services will be quoted as virtual.

All services are provided using HIPAA secure TeleHealth Video to clients residing within, and located within, Indiana.

**5. Provider Information**

Provider name: Megan Neitling, LMHC, CST
Provider/facility type: Bloom Behavioral Health, LLC/ Outpatient Mental Health Therapy
Street address: TeleHealth / Virtual Services Only
City: N/A
State: Indiana
ZIP code: N/A
Contact person: Megan Neitling
Phone: (317)-779-5607
Email: BloomBehavioralHealth@outlook.com

National Provider Identifier (NPI): 1104305952
Taxpayer Identification Number (TIN): 833148304

**6. Client Information**

(\*This chart is required to be filled out by the client)

First name:
Middle name:
Last name:
Date of birth:
<u>Client Contact Information</u>
Street or PO box:
City, state, ZIP:
Phone number:
Email address:
Patient's contact preference (phone or email):

**7. Client Diagnosis**

At Bloom Behavioral Health, we must diagnose all clients for both ethical, legal, and insurance reasons -- as well as required by the "No Surprises Act".

Your Good Faith Estimate Diagnosis is:

- Primary Diagnosis: (V65.49 or Z70.9) Sex Therapy/Counseling

\*This diagnosis is only to satisfy the federal requirement for this form.

\*This is not a formal psychological diagnosis. A formal diagnosis occurs after the initial assessment has been completed. That will take place 1-5 sessions after beginning psychotherapy. Formal diagnoses may change, or other diagnoses may be added to the client's treatment plan, as more information is obtained and disclosed from the client during clinical treatment.

\*If you choose to decline a formal diagnosis in your chart or medical record, we will not update this GFE. It is within your rights to decline a diagnosis per state and federal guidelines.

**8. Type of Therapy Service Requested and Date Of Therapy Service**

\* Select which type of Therapy with Bloom Behavioral Health you intend to schedule most often:

- Individual Therapy
- Couples or Partners Therapy
- Group Therapy (3+ people)

\* What date will the Primary Therapy Service be provided?

- The therapy service is not yet scheduled
- The therapy service is scheduled for: \_\_\_\_\_

\* Date of good faith estimate (*type today's date*): \_\_\_\_\_

**9. Your Financial Responsibility Summary**

Session Fees at Bloom Behavioral Health:

- \$210 per 50-minute Intake Session
- \$185 per 50-minute per standard session
- \$333 per 90-minute extended session
- No Shows/Late Cancellation are charged the full fee of the scheduled service

Prorated Session Rates for Additional Time:

- 5 Minute add on (51- 55 minutes): \$18.50  
\*5 minutes or longer must be scheduled in advance
- 10 Minute add on (56 - 60 minutes): \$37
- 15 Minute add on (61- 65 minutes): \$55.50
- 20 Minute add on (66 -70 minutes): \$74
- 25 Minute add on (75 minutes): \$92.50
- 30 Minute add on (80 minutes): \$111 = \$296
- 40 Minute add on (90 minutes): \$148 = \$333

\*Please note, Bloom Behavioral Health reserves the right to adjust, or increase, the rates for services at any time. Fee increases typically occur January 1st of each calendar year. New or increased rates during the year will take effect for clients after 30 days.

Administrative and Other Fees:

- Behavioral Health Treatment Summary/Record Request: \$20
- Non-court related administrative work: \$18.50 per 5 minutes of work or \$185 per 50 minutes of work

- Court Appearances: \$3,500 per day in court (including dates that are reset or rescheduled), \$500 per roundtrip visit to the court, \$350 per 30 minutes for court preparation and/or legal consultation

**10. Total Expected Charges From Bloom Behavioral Health**

The total estimated charges from Bloom Behavioral Health during the next 12 months will be the number of sessions the client schedules multiplied by the session fees listed in Section 9 (Session Fees X Number of Sessions During 12 Months = Good Faith Estimate Total).

- \* By checking this box, I understand this GFE is a no obligation estimate. I understand my therapy costs, should I decide to schedule with Bloom Behavioral Health, will vary depending on the factors listed in section 3.

**11. Disclaimers**

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, crises, or special circumstances occur. If this happens, federal law allows you to dispute (appeal) the bill.

Additional Health Care Provider and Facility Disclaimers:

Length of treatment is determined by the therapist and client collaboratively.

Sessions are scheduled, or requested, by the client(s) in their HIPAA secure Client Portal. Clients may freely request sessions as needed or schedule session in advance. Session frequency is determined by the client(s) and Bloom Behavioral Health.

Diagnoses may change, or other diagnoses may be added to the client's treatment plan, as more information is obtained and disclosed from the client during clinical treatment.

Additional clinical services may be recommended by Bloom Behavioral Health. These services may include, but are not limited to: individual therapy, couples/partners therapy, group therapy, or referrals for therapy services with other mental health specialists. These services must be scheduled separately and are not reflected in the Good Faith Estimate.

The information provided is only an estimate and the actual items, services, or charges may differ from the Good Faith Estimate.

The Good Faith Estimate is not a contract. This Good Faith Estimate does not require the client(s) to obtain services from Bloom Behavioral Health/Megan Neitling, LMHC, CST.

**12. 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](http://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](http://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.

**13. Electronic Signature Confirming The Receipt of The Good Faith Estimate**

\* BY CLICKING ON THE CHECKBOX, I AM PROVIDING AN E-SIGNATURE AND I AM AGREEING THAT I HAVE READ, UNDERSTOOD, AND AGREE TO ALL OF THE ITEMS CONTAINED IN THIS DOCUMENT.

*By checking the box, you are eSigning this form.*