

Maison Vie, LLC
Susan Harrington, LCP-S, LMFT-S

Office: 504-452-5937
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Teletherapy services via
Cisco/WebEx or Zoom

CLIENT/IDENTIFIED CLIENT UNIT NAME

OUT-OF-NETWORK AGENCY & PROVIDER NAME

AGENCY NAME: MAISON VIE, LLC

SUSAN HARRINGTON, LPC-S, LMFT-S

GOOD FAITH ESTIMATE

The No Surprises Act established new protections and disclosure requirements against surprise medical billing that took effect on January 1, 2022. The new law requires healthcare providers and facilities to provide Good Faith Estimates (GFE) to uninsured, out-of-network, or self-paying clients, as well as clients choosing to not use applicable insurance resources for services offered when scheduling care or when the client requests an estimate. LPCs and MFTs, such as the provider herein, must discuss fees with clients before treatment. This document meets the requirements for your care according to the No Surprises Act. You are being provided with this GFE because you meet one of these insurance status categories:

1. You reported to Susan Harrington, LPC-S, LMFT-S that you do not have benefits for an item or service under a group health plan, group or individual health insurance coverage offered by a health insurance issuer or a federal or state health care program or the Federal Employee Health Benefits Program.
2. You reported to Susan Harrington, LPC-S, LMFT-S that you do have benefits for an item or service under a group health plan, or individual or group health insurance coverage offered by a health insurance issuer, but you will not seek to submit a claim for such item or service; or
3. You reported to Susan Harrington, LPC-S, LMFT-S that you are enrolled in short-term, limited-duration insurance, but are not also enrolled in a group health plan, group or individual health insurance coverage offered by a health insurance issuer, federal or state health care program, or the Federal Employee Health Benefits Program.

By “insurance” this GFE includes government insurance programs, e.g., Tricare, Medicaid, Medicare, etc. This GFE is not a contract and does not require you to obtain the items or services detailed below from Maison Vie/Susan Harrington, LPC-S, LMFT-S. Other referrals can be discussed with Susan Harrington, LPC-S, LMFT-S.

You/Identified client unit have been provided this GFE in advance of my usual and customary treatment contractual documents (Declaration/Statement of Practices and Procedures, Teletherapy

Declaration of Policies and Procedures, and Financial Contract) in a best effort to follow the No Surprises Act. All fees discussed in this document pertain to the treatment and care of the identified client unit. Appointments are billed hourly and are agreed to as each next appointment is scheduled. Any changes in fees are announced with ample time for each identified client unit to prepare for the change, including determining if referrals are necessary.

CLIENT RIGHTS AND DISPUTES

All potential and current clients have access to information associated with your rights and how to dispute unexpected bills that exceed the GFE by \$400.00.

1. CMS Standard Notice “Right to Receive a Good Faith Estimate of Expected Charges” is on the Maison Vie website, www.MaisonVieNewOrleans.com.
2. The Center for Medicare and Medicaid Services provides additional information on billing disagreements for the uninsured on it’s website: <https://www.cms.gov/nosurprises/consumers/medical-bill-disagreements-if-you-are-uninsured>

ESTIMATE OF WHAT YOU COULD PAY

LIST OF PROBABLE TREATMENT SERVICES AND FEES

Susan Harrington, LPC-S, LMFT-S, provides three different mental health treatment services with fees assessed on an hourly basis. I.e., One hour of service is billed \$100.00, or one-and one-half hour of service is billed \$150.00. Missed/Late canceled appointments are billed \$50.00. (FMI: <https://maisonvieneworleans.com/personnel/susan-harrington/>)

1. Individual therapy, in which each session is contracted with a single consenting adult, occurs for one hour, and is initially conducted weekly;
2. Relationship therapy, in which each session is contracted with consenting adults (2+), occurs for one hour, and is initially conducted weekly; or
3. Gottman Method Couple Therapy, in which each session is contracted with consenting adults (2+), occurs for 1.50 hours, and is initially conducted weekly.

Each treatment services identified above transitions to bi-weekly, monthly, or for more extended periods on a case-by-case basis and decided upon by the provider and client(s).

You/Identified client unit, _____

have expressed interest in contracting for _____.

Primary procedural codes and fees: 90791 – initial evaluation

Treatment service identified as #1 and #2 above include one unit of code 90791.

Treatment service identified as #3 above include four units of code 90791 and occur as follows:

Session #1	Intake Interview	90 minutes	\$150.00	Tricare: \$50.00
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Session #2	Individual Interviews	45 minutes x 2	\$150.00	Tricare: \$50.00
Prof. Time	Scoring/Evaluation	90 minutes	\$150.00	Tricare: \$150.00
Session #3	Treatment Plan meeting	90 minutes	\$150.00	Tricare: \$50.00

Secondary procedural codes and fees: 90837 (individual therapy) 90847 (conjoint therapy)

Treatment service identified as #1 above include hourly units of code 90837 at a fee of \$100.00 for each individually agreed upon hour of service.

Treatment service identified as #2 above include hourly units of code 90847 at a fee of \$100.00 for each individually agreed upon hour of service.

Treatment service identified as #3 include 1.50 hourly units of code 90847 at a fee of \$150 for each individually agreed upon 90 minutes of service (for uninsured or self-pay) and \$50.00 for Tricare beneficiaries using their insurance to pay for one unit of service.

Applicable diagnostic codes: These are determined during the evaluation phase of treatment with each identified client unit and do NOT impact the cost of any given unit of service with Maison Vie/Susan Harrington, LPC-S, LMFT-S.

Depending on your treatment progress, I expect there to be a total of 36 - 50 sessions within a one-year period, thus total ESTIMATED fees for your treatment could be either (depending on your treatment service identified above):

1. at \$100.00 per sessions of individual therapy or relationship therapy, a total of \$3600.00 - \$5000.00; or
2. at \$150.00 per sessions of Gottman Method Couple Therapy, a total of \$5400.00 to \$7500.00.

This GFE is effective for 12 months from the date that you consent to treatment with Maison Vie/Susan Harrington, LPC-S, LMFT-S.

EXCLUSION TO SERVICES AND FEES

This estimate excludes missed or late canceled appointment costs (a \$50.00 fee per event), as well as holidays, vacations, and cancellations on either parties' parts.

There are no other items or services provided by Maison Vie/ Susan Harrington, LPC-S, LMFT-S that is expected to require separate scheduling and that is expected to occur before or following the expected period of care for the primary item or service noted above.

There may be additional items or services recommended by Maison Vie/Susan Harrington, LPC-S, LMFT-S and agreed upon with the identified client unit that must be scheduled or requested separately, for example consultation with your other applicable health care providers or court requests for records. These fees are prorated hourly as noted above as well.

However, under the No Surprises Act you have the right to give-up your federal consumer protections and agree to pay the above identified costs for out-of-network care with Maison

Vie/Susan Harrington, LPC-S, LMFT-S. If you choose to elect out of the protections provided through the No Surprises Act, you will be provided with a waiver attesting to this choice.

I encourage you to review all of this information to be fully informed prior to consenting to treatment defined in this GFE.

Please initial and date one item below with your decision.

I/We, the identified client noted above have read this GFE in its entirety and have decided to seek an in-network provider for my/our mental health care, thus relinquishing Maison Vie/Susan Harrington, LPC-S, LMFT-S of any medical responsibility under the laws according to the State of Louisiana.

I/We, the identified client noted above, have read this GFE in its entirety and have decided to waive my/our right to protections provided through the No Surprise Act. I/We agree

1. to this GFE provided as stated herein,
2. that I/We are consenting of my/our own free will and have not been coerced or pressured to waive this protection, thus I/We accept and understand that
 - a. I/we have given up consumer billing protections by federal law,
 - b. I/We will be billed in full and pay for the services I/We have consent to,
 - c. I/We were given this GFE as representative of the provider/agency noted herein as not-in-network with any insurance plan other than Humana-Military/Tricare East,
 - d. I/We were notified electronically, as per the provider/agency's practice is fully a/synchronous,
 - e. I/We understand that any costs incurred/paid may not count toward my health plan's deductible or out-of-pocket limit, and
 - f. I/We can end this agreement by notifying the provider/agency in writing BEFORE getting services.

Susan G. Harrington, LPC-S, LMFT-S
LLC Co-Owner
Certified Grief Recovery Specialist
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