



0. The No Surprises Act Standard Notice and Consent Documents

THE NO SURPRISES ACT

STANDARD NOTICE AND CONSENT DOCUMENTS

(OMB Control Number: 0938-1401)

We are so grateful that you have chosen us to help you/your child. We are committed to your success and growth. To that end, I will always strive to maintain a safe, open, honest environment in therapy, including honesty around what you may expect to pay. The decision to remain in therapy is always yours.

That being said, the federal government is requiring that as of Jan 1, 2022, we comply with the No Surprises Act, which was finalized October, 2020. Please note the intention of this law is to prevent consumers who go to a facility where you work with multiple providers (like a surgical center or emergency room) being surprised by bills from out of network providers that they feel they did not have a choice in selecting.

To comply with the spirit of the law and our own sense of honesty and ethics , I want you to know a few things:

- * We might be an out of network provider. Please see the list below.
- * Our fee is the same per one-hour session, regardless of who or how many people are in session.
- *Your provider will send you a Good Faith Estimate with their Out of Network CPT codes.
- * I cannot guarantee the number of sessions that will be required to complete therapy; some of the responsibility for therapeutic success lies with you and your consistency in treatment and willingness to be open to participating in therapy and trying new things between sessions.
- * You always have the right to discuss fees with your therapist, ask for a reduction in fees, or make a payment arrangement.
- * You always have the right to leave therapy at any time.
- * You have the right to choose to leave therapy and see an in-network provider. Depending on your insurance, an in-network provider MAY be less costly to you. I will even be happy to help you find a provider should you need help.

The following text of this form states by signing (you do not have to sign) , you lose your consumer rights. To the best of my knowledge, the only right you give up is the right to say you are surprised by billing. As you read these forms, please keep in mind that its intent is to limit the number of consumer complaints against surprise billing after being in a facility multiple and sometimes anonymous providers or emergency room treatment.

If you have any questions or concerns, please don't hesitate to reach out to your therapist or the CEO of our practice, Crissy Himmelstein (678-740-3990).

SURPRISE BILLING PROTECTION FORM

The purpose of this document is to let you know about your protections from unexpected medical bills. It also asks whether you would like to give up those protections and pay more for out-of-network care.

Sunshine Child & Family Counseling has providers that are in network (with the following insurance plans) and providers that are out of network. Please look below for more details. Even though your provider might be listed in network below we still recommend you check with your insurance carrier for verification.

Providers with IN-Network Status effective November 1, 2022:

Crissy Himelstein - Anthem BCBS, Humana

Erin Nicolas - Humana

Lauren Wallace - Anthem BCBS, Humana

Amy Stefanko - Anthem BCBS, Humana

RK McGinnis - Anthem BCBS, Humana

Sarah Hyde - Anthem BCBS, Humana

Meghan Carrington - Anthem BCBS, Humana

If your insurance plan was not listed above that means your provider is Out of Network. It is still your responsibility as a client to confirm in network status for your provider.

Providers that are Out of Network with ALL insurance plans:

Casey Reynolds Purcell

Beth Ashworth

Kellie Lassig

Desiree Lewis

Alyssa Ealy

Heather Jackson

IMPORTANT: You aren't required to sign this form and shouldn't sign it if you didn't have a choice of health care provider when you received care. You can choose to get care from a provider or facility in your health plan's network, which may cost you less.

If you'd like assistance with this document, ask your provider or a patient advocate. Take a picture and/or keep a copy of this form for your records.

You're getting this notice because your provider may not be in your health plan's network. This means the provider doesn't have an agreement with your plan.

Getting care from your provider or could cost you more.

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

- ☐ When you get emergency care from out-of-network providers and facilities, or
- ☐ When an out-of-network provider treats you at an in-network hospital or ambulatory surgical center without your knowledge or consent.

Ask your health care provider or patient advocate if you need help knowing if these protections apply to you.

If you sign this form, you may pay more because:

- ☐ You are giving up your protections under the law.
- ☐ You may owe the full costs billed for items and services received.

□ 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.

You shouldn't sign this form if you didn't have a choice of providers when receiving care. For example, if a doctor was assigned to you with no opportunity to make a change.

Keep in mind Sunshine Child & Family Counseling is not a medical facility. When a therapist's caseload is full they can not take on new clients at that time. A therapy practice does not operate like a regular medical facility or your primary care doctor.

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, your health plan might work out an agreement with this provider or facility, or another one.

Total cost estimate of what you may be asked to pay: It is your ethical right to determine your goals for treatment and how long you would like to remain in therapy unless you are pursuing mandatory treatment. Please see the breakdown of possible fees on the last page.

- ▶ Review your detailed estimate. See last page for a cost estimate for each item or service.
- ▶ Call your health plan. Your plan may have better information about how much of these services are reimbursable.
- ▶ Questions about this notice and estimate? Contact your therapist.
- ▶ Questions about your rights? Contact The Secretary of State. Phone (404) 424-9966
<https://sos.ga.gov/index.php/licensing>

Prior authorization or other care management limitations

Except in an emergency, your health plan may require prior authorization (or other limitations) for certain items and services. This means you may need your plan's approval that it will cover an item or service before you get them. If prior authorization is required, ask your health plan about what information is necessary to get coverage.]

More information about your rights and protections

Visit <https://www.cms.gov/files/document/model-disclosure-notice-patient-protections-against-surprise-billing-providers-facilities-health.pdf> for more information about your rights under federal law.

By signing, I give up my federal consumer protections and agree I might pay more for out-of-network care.

With my signature, I am saying that I agree to get the items or services from (select all that apply):

- Crissy Himelstein
- Lauren Wallace
- Erin Nicolas
- Amy Stefanko
- Meghan Carrington
- RK McGinnis
- Desiree Lewis
- Kellie Lassig

- Beth Ashworth
- Casey Reynolds Purcell
- Alyssa Ealy
- Sarah Hyde
- Heather Jackson

With my signature, I acknowledge that I am consenting of my own free will and am not being coerced or pressured. I also understand that:

- By signing I give up my consumer billing protections.
- I may get a bill for the full charges for these items and services or have to pay out-of-network cost-sharing under my health plan.
- I was given a written notice on [January 1, 2022] explaining that my provider or facility isn't in my health plan's network, the estimated cost of services, and what I may owe if I agree to be treated by this provider or facility.
- I got the notice either on paper or electronically, consistent with my choice.
- I fully and completely understand that some or all amounts I pay might not count toward my health plan's deductible or out-of-pocket limit.
- I can end this agreement by notifying the provider or facility in writing before getting services.

IMPORTANT: You don't have to sign this form.

Take a picture and/or keep a copy of this form. It contains important information about your rights and protections.

Client name::

Client date of birth::