

**The University of Alabama Psychology Clinic
GOOD FAITH ESTIMATE OF EXPECTED CHARGES FOR SERVICES**

Clinic Information:	
Clinic Name: The Board of Trustees of the University of Alabama, for and on behalf of its UA Psychology Clinic	
Clinic Address: 200 Hackberry Lane, McMillan Hall, Tuscaloosa, AL 35487	
Clinic Phone: (205)348-5000	
Clinic Tax ID: 63-6001138	
Name of assigned student-therapist:	Name of licensed psychologist (supervisor):
Client (Patient) Information:	
Client Name:	Client Date of Birth:
Client Diagnosis (if known/applicable): Not yet determined	
Primary Services Requested (with CPT Codes): Initial Intake Interview (90791), Individual Psychotherapy (90832, 90834, 90837)	
Date of Good Faith Estimate:	

This **“Good Faith Estimate” (or GFE)** shows what the costs could be for psychotherapy services provided to you at the UA Psychology Clinic. It is not intended to serve as a recommendation for treatment or a prediction of the number of therapy visits you will need. The number of visits that are appropriate in your case, and the estimated cost for those services, depends on your needs and what you agree to in consultation with your therapist; you are entitled to disagree with any recommendations made to you concerning your treatment and you may discontinue treatment at any time.

It is also important for you to know that the UA Psychology Clinic does not accept insurance. The UA Psychology Clinic is not in any health plan network, which means that we do not have an agreement with your health insurance plan and your plan may not count fees for our services towards your deductible or out-of-pocket limit (please contact your health plan for more information). Agreeing to receive services at the UA Psychology Clinic means you will pay the full costs for services received out-of-pocket. You should be aware that you have a choice of providers and may be entitled to psychological services within your health plan’s network at a lower cost. Before deciding whether to seek services with our Clinic, you are welcome to contact your health plan (if applicable) for more information or if you wish to find an in-network provider or facility.

Until we do an initial evaluation and services are started, we will not have a clear picture of your specific circumstances, diagnosis and needs and cannot know in advance what type or number of therapy sessions may be necessary or appropriate for you.

Details of the Estimate:

The estimate below is based on your self-reported income at the time of the initial phone intake with the UA Psychology Clinic and may change if your verified income (based on pay stub, tax form, or other documentation) at the time of your initial appointment differs substantially from the information you provided over the phone. Based on what you have indicated, your fee per therapy session (in person or via telehealth) is \$ _____. Most clients will attend one therapy visit per week, but the frequency of therapy

visits that are appropriate in your case may be more or less than once per week, depending upon your needs. Based on a fee of \$ _____ per session, the following are expected charges of therapy services and are valid for 12 months from the date of this GFE unless we send you an updated Estimate:

Number of Therapy Sessions Attended	Estimated Charges Per Session	Total Estimated Charges (Expected Cost)
Initial appointment (CPT code 90791)	\$	\$
1 therapy session (CPT Code 90832, 90834, 90837)	\$	\$
12 therapy sessions (Approx. 3 months)	\$	\$
24 therapy sessions (Approx. 6 months)	\$	\$
50 therapy sessions (Approx. 12 months)	\$	\$

Disclaimer:

This GFE shows the costs of services that are reasonably expected for the anticipated services based on information known at the time the estimate was created and is subject to change. The GFE does not include any unknown or unexpected costs that may arise during treatment. This estimate is not a contract and does not obligate you to obtain any services from this Clinic, nor does it include any services rendered to you that are not identified here.

You could be charged more if complications or special circumstances occur. **If you are billed for \$400 more than this GFE, federal law allows you to dispute the bill.**

You may contact the UA Psychology Clinic at the number listed above to let us know the billed charges are at least \$400 higher than the GFE. You can ask us to update the bill to match the GFE, 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 GFE. 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 dispute resolution process, go to <http://www.cms.gov/nosurprises/consumers> or call CMS at 1-800-985-3059.

For questions or more information about your right to a Good Faith Estimate or the dispute process, visit <http://www.cms.gov/nosurprises/consumers> or call CMS at 1-800-985-3059 .

This GFE is not a contract. It does not obligate you to accept the services listed above.

Keep a copy of this GFE in a safe place or take pictures of it. You may need it if you are billed a higher amount than the estimate provided above.