

No Surprises Act and Good Faith Estimates

[Under the law](#), health care providers need to give patients who don't have insurance or who are not using insurance an estimate of the bill for medical items and services.

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. Please be advised, your fee may change depending on the number of sessions you attend.

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. If this happens, federal law allows you to dispute (appeal) the bill.

Provider Information:

Provider name: Yellow Key Collaborative

Provider/facility type: Behavioral Health Counseling: Private Practice

Street address: 223 Jersey Street

City: Westfield

State: IN

ZIP code: 46074

Contact person: Kate Kneifel

Phone: 317-735-3119

Email: kate@yellowkeycollab.com

National Provider Identifier (NPI): 1720573330

Taxpayer Identification Number (TIN):83-0918746

List of Services and Fees:

-Initial Evaluation (50 minutes): \$175

-Individual psychotherapy (50 Minutes): \$145

-Brief Individual psychotherapy session (25 minutes): \$72.50

-Extended psychotherapy session (80 minutes): \$232

-Couple/Family (50 minutes) \$150

-Couple/Family (80 minutes) \$240

-Sessions canceled with less than 24 hours notice: Full session fee for the service(s) missed

-Phone Sessions lasting longer than 10 minutes, prorated by 10 minute increments of \$29

-Medical Record Preparation: \$150

-Letter Writing: \$150

*Note that Legal Fees if I were to be subpoenaed are addressed in a separate document entitled "Court and Legal Fees"

Total Estimated Cost for 6 months of services:

Weekly ($\$145 \times 24$)= \$3,480

Biweekly ($\$145 \times 12$)= \$1,740

Monthly ($\$145 \times 6$)= \$870

Couples weekly (150×24)= \$3,600

Couples biweekly ($\$150 \times 12$)= \$1,800

This estimate is for services provided in the coming year. Your clinician will provide you an updated estimate when your clinician determines it is relevant to do so. Your clinician will provide you a new estimate one year from now if you are continuing to participate in services here. You are welcome to ask questions about your services, their costs and this estimate.

Unlike some medical services, with behavioral health services your clinician often cannot form an estimate of what services you will need and what they will cost until the clinician has evaluated you. Even then, the extent of the services you will need will be influenced by many factors. Your clinician will review your treatment plan, services and needs with you throughout your treatment with us that may not be reflected in this estimate.

I understand that this is not a contract. I also understand that if I have insurance, by agreeing with a provided Good Faith Estimate, I have decided to utilize out-of-network services rather than utilize in-network services that may be less expensive. I also understand it is my responsibility to send a superbill to my insurance carrier if I want to use any out-of-network benefits that may be included in my insurance plan.

Disclaimer:

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 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 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.