



Julie A. Keen, Psy.D.

849 Green Garden Way, Myrtle Beach, SC 29579

P: 860-251-9508

F: 860-365-1270

info@juliekeenpsyd.com

www.juliekeenpsyd.com

Good Faith Estimate

Beginning January 1, 2022, federal laws regulating client care have been updated to include the “No Surprises” Act. Under the law, healthcare providers need to give patients **who are not using insurance** an estimate of the bill for medical items and services called a “Good Faith Estimate” (GFE) explaining how much your medical care will cost. Until I do an initial evaluation and we start to work together, I will not have a clear picture of your specific diagnosis, issues and needs. We will usually decide if we are going to work together during our first session. I typically work with clients initially for about 6 months, on a schedule of mutual agreement (i.e., weekly, every other week, etc.), with billed rates outlined below for each session. At this time, I do not participate with insurance. Therapy and testing sessions are individualized to the client’s need. Testing and assessment, in particular, may also require several hours over several days, and include both direct testing, as well as additional planning, preparation, record review, scoring, and writing hours. But in many cases a patient’s issues may be more complicated, so we may need additional sessions during the time covered by this estimate.

Contact: If you have questions about this estimate, please contact Julie Keen, Psy.D. at 860-251-9508 or info@juliekeenpsyd.com.

Service	Service Code CPT Code	Qty	Cost per Unit	Expected Cost
<i>All Services</i>				
Intake/ Initial Evaluation	90791		\$150.00	
<i>Therapy Services, per session</i>				
Therapy 30m	90832		\$75.00	
Therapy 60m	90837		\$150.00	
<i>Testing/Evaluation Services</i>				
Psychological testing services by psychologist, first hour (per day) ¹	96130		\$200.00	
Psychological testing services by psychologist, each additional hour (per day) ²	96131		\$200.00	
Psychological or neuropsychological test administration by a psychologist, 2 or more tests, any method, first 30 min (per day) ³	96136		\$125.00	
Psychological or neuropsychological test administration by a psychologist, each additional 30 min (per day) ⁴	96137		\$125.00	
Custom Evaluation by Contract	N/A			
Developmental Clinic	N/A			
Other:				
<i>Discount Program Adjustments</i>				
Pay Ahead Discount	Discount offered:			
Sliding Scale Discount	Discount offered:			
<i>Other Discount</i>	Discount offered:			

Disclaimer: This Good Faith Estimate shows the costs of services that are reasonably expected for the expected services to address your mental health care needs. The estimate is based on the information known to me when I did the estimate.

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.

If you are billed for \$400 more (per provider) than this Good Faith Estimate (GFE), you have the right to dispute the bill.

You may contact Julie Keen, LLC at the contact listed above to let them know the billed charges are at least \$400 higher than the GFE. You can ask them 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 process, go to:
www.cms.gov/nosurprises 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
www.cms.gov/nosurprises 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 Good Faith Estimate (GFE) in a safe place or take pictures of it. You may need it if you are billed more than \$400 than the estimate provided above.

¹Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour

²Each additional hour past 96130

³Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method, first 30 minutes

⁴Each additional hour past 96136