

# No Surprises Act – Legal Notice - MN

# **Uninsured and Self-Pay Patients**

### Your right to a Good Faith Estimate

For the total expected cost of any health care items or services upon request or when scheduling such items or services. This includes related costs like medical tests, prescription drugs, equipment, and hospital fees.

#### Your rights under the law

You have the right to a written estimate of your medical bill (called a Good Faith Estimate) when:

- Your appointment is scheduled 3 or more days in advance and
- You will not be using insurance to pay for the visit or, you do not have insurance.

You may also request an estimate if one is not automatically provided.

The Good Faith Estimate will include the expected charges of the item or service, such as: the cost of the non-emergent clinic visit, plus any tests, procedures, and supplies.

As a service to you, we provide a fee schedule for all of our patients to view so they know the Good Faith Estimate for all services.

#### Fee Sheet 2023 is as follows:

Diagnostic Evaluation (90791) - \$250

60 Minute Therapy Session (90837) - \$200

45 Minute Therapy Session (90834) - \$170

30 Minute Therapy Session (90832) - \$140

60 Minute Couples/Family Session (90847) - \$200

60 Minute Family Session without Client Present (90846) - \$200

Group Therapy (90853) - \$125

Complexity Add On (90785) - \$40

Records/Summary Letter - \$40

Returned Check - \$40

Disputed charge fee - \$25

Late Cancel Fee (less than 24 hours notice) - \$150

No Show/ Missed Appointment with no notification - \$200

Court Preparation and Documentation - \$60

Court Appearance - \$350 per hour

SPACE Parent Coaching - \$200 per hour

Make sure to save a copy or photo of your Good Faith Estimate. If you receive a bill from us that is at least \$400 more than your estimate, you can dispute it. This must be done within 120 calendar days of receiving the bill.

## If you have questions

Our patient account representatives can answer questions about your Good Faith Estimate and explain the possible costs of your care.

Company Phone - 651-294-6112

For more information about your rights and the No Surprise Bill Act, visit: www.cms.gov/nosurprises