Attachment & TRAUMA THERAPY
913.346.1516 | attachmentandtraumatherapy.com

FOX CHILD & FAMILY THERAPY
913.229.5691
foxchildtherapy.com

Missouri
222 W Gregory Blvd, Ste 120, Kansas City
9200 NE Barry Rd, Ste 110, Liberty
2900 NE 60th St, Ste 206, Gladstone

Kansas
7223 W 95th St, Ste 220 & 300, Overland Park
25255 W. 102nd Terrace, Suite 200, Olathe

Good Faith Estimate Disclaimer

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 actually attend. Services outside of standard therapy may have an associated extra cost. Please refer to our Billing Policand Guarantor Form for a complete list of fees and services. This estimate does not include unknown or unexpected costs that may arise during treatment. If complications or special circumstances occur, additional charges may apply.

Make sure your health care provider gives you a Good Faith Estimate in writing at least 1 business day before your medical service or item. You can also ask your healthcare provider, and any other provider you choose, for a Good Faith Estimate before you schedule an item or service.

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.

This Estimate Is Not a Contract

This Good Faith Estimate is not a contract and does not require you to receive services from this provider. You may choose to obtain services from another provider.

Additional Services

Additional services may be recommended during treatment that were not anticipated when this estimate was created. These services are not included in this estimate and may result in additional charges.

Your Right to Dispute a Bill

If you are billed $400 or more above the amount listed in this Good Faith Estimate for any provider or facility, federal law allows you to dispute the bill.

You may contact the provider or facility listed above to:

- Ask them to update the bill to match the estimate
- Negotiate the bill
- Ask if financial assistance is available

You may also begin a Patient-Provider Dispute Resolution process with the U.S. Department of Health and Human Services.

If you choose to use this process:

- You must start the dispute process within 120 calendar days of the date on the original bill.
- There is a $25 administrative fee to begin the process.

During the dispute process:

- The provider cannot send the disputed bill to collections
- Collection activity must stop if it has already begun
- Late fees cannot accrue during the dispute
- The provider cannot take retaliatory action against you

Learn More or Start a Dispute

Website: www.cms.gov/nosurprises/consumers

Phone: 1-800-985-3059

Email: FederalPPDRQuestions@cms.hhs.gov

STANDARD SESSION FEES

- Initial Session/Diagnostic Assessment (50 minutes) $165
- Individual (50 minutes) $150
- Couple/Family (50 minutes) $150
- Intern (50 minutes) $60

***The insurance rate will be accepted for clients whose insurance our practice accepts.

ADDITIONAL FEES

- Returned Check Fee: $40.00
- Weekly Late Payment Fee: $15.00
- Collections: 25% Fee
- Letter/Report Writings: $140/hr
- Records Requests/Administrative Costs: $30

COURT ACTION/LEGAL FEES

- Minimum Court Appearance Fee: **Minimum $5000** *(additional charges for appearances exceeding 5 hours)*
- Preparation Time (including record submission): $500/hr.
- Phone Calls/Emails: $500/hr.
- Depositions/Court Hearings: $500/hr
- Consultation with Other Professionals: $500/hr
- Attorney Fees and Costs Incurred by Therapist
- Records Requests/Administrative Costs: $100 minimum

The minimum charge for a court appearance: $5000 (additional charges will incur if court is more than 5 hours). A retainer of $5000 is due in advance. A $200 express charge applies for subpoenas or attorney

meetings with less than 2 weeks' notice. A $500 fee applies if a case is rescheduled with less than 1 week's notice (in addition to the retainer). Costs will be discussed with the client.

This is a short list of possible fees. For complete details see the Billing Policies and Guarantor Form received at intake or request a copy of these policies from our Admin Staff at admin@attachmentandtraumatherapy.com.

I have received and understand the Good Faith Estimate Disclaimer above:

Client Signature	Date