Information and Consent to Bill for Services

No Surprise Act 2022:

I understand and consent that Nicole Schild, LCSW LLC is informing and following the laws of The No Surprises Act requirements applicable to providers, and facilities. These include provisions which requires providers and facilities to furnish a good faith estimate of expected charges upon request or upon scheduling a service for an individual. Providers and facilities are required to inquire if an individual is enrolled in an insurance plan. In the case that an uninsured (or self-pay) individual requesting a good faith estimate for a service or schedules a service to be furnished, the providers and facilities are required to furnish the good faith estimate to the uninsured (or self-pay) individual. No Surprises Act directs a process under which an uninsured (or self-pay) individual can avail themselves of a patient-provider dispute resolution (PPDR) process if their billed charges after receiving an item or service are substantially in excess of the expected charges listed in the good faith estimate furnished by the provider or facility. An uninsured (or self-pay) individual means, with respect to a service, an individual who does not have benefits for such service under a group health plan, group or individual health insurance coverage offered by a health insurance issuer, federal health care program or a health benefits plan (or an individual who has benefits for such item or service under a group health plan or individual or group health insurance coverage offered by a health insurance issuer, but does not seek to have a claim for such item or service submitted to such plan or coverage)

Full details of the No Surprise Act can be found:

https://www.kff.org/health-reform/issue-brief/no-surprises-act-implementation-what-to-expect-in-2022/

Please Select One of the Following:

- ❑ wish to use my medical insurance to off-set the cost of treatment, and in so doing give my therapist permission to release any information necessary to process this claim and collect payment for the services rendered. I permit direct payment to my therapist any benefits due me for services rendered. I understand I am financially responsible for all services rendered, if not otherwise satisfied through my medical insurance.
- ❑ do not wish to use any medical insurance benefit to cover services I receive through my therapist. I understand that I am financially responsible for all expenses incurred for my treatment and will make all payments at the time of service.

Use of Insurance:

As a client of Nicole Schild LCSW, LLC, I understand and consent that I will be responsible for the financial expenses incurred as the result of my participation in treatment. I further understand and consent that I may elect to use a third-party payer, i.e. medical insurance, to help cover the cost associated with treatment. However, I understand and consent that if I elect to use a third-party payer to help offset the cost of my treatment, I will be required to consent to the release of information for billing purposes. This will mean releasing information regarding the dates and frequency of visits, the release of a formal diagnostic impression, and may additionally constitute the release of treatment planning information.

ELIGIBILITY CHECKS for Insured Clients:

The billing services contracted with Nicole A. Schild, LCSW LLC, namely Hamilton Billing Services, will be doing new eligibility checks stating 1/1/22 for all patients.

An example of an email that will be sent to clients:

Hello,

I have verified your benefits for the new year and insurance has provided us the following benefits:

Deductible: $X

Copay: $X

Please note that these benefits are only applicable for this as your primary and only insurance. Please notify us as soon as possible if you have additional insurance coverage. If you feel that any of the above is incorrect, please email back with details.

Insurance companies state "confirmation of benefits are not a guarantee for coverage or payment for services." This benefit information is subject to change based on remittance we receive from the insurance company after claims have been filed.

SERVICE CHARGES

Insurance Billable Code	Self Pay Billable Code	Definition	Apply to ins. use	Apply to self-pay	Charge
90837	SP90837	Individual Psychotherapy 55 min	×	x	$145.00
90791	SP90791	Psychiatric Diagnostic Eval 55 min	×	x	$165.00
90847	SP90847	Family Psychotherapy with client 55 min	x	x	160.00
90832	SP90832	Psychotherapy, 30 min	x	x	$100
90839	SP90839	Psychotherapy for Crisis, 60 min	x	x	$170.00
90846	SP90846	Family Psychotherapy w/o client 55 min	x	x	$125
+99354	SP+99354	Prolonged Service in office/outpatient setting30 min	x	x	$100
	SP095	Court Ordered File Distribution and Prep 60 min		x	$95
	SP105	Treatment Planning 55 min		x	$105.00
	SP580	Retainer for Court Subpoena 4 hours/240 min		x	$580.00
	SP145	Court Testimony 60 min		x	$145.00
	SP055	Letter Writing per page		x	55.00

I understand I will be charged $60.00 for missed or cancelled appointments unless notification is given 24 hours prior to the scheduled time of the appointment. ***I understand that insurance companies do not cover the costs of missed appointments and I will be billed directly.***

The provider may recommend additional items or services as part of the treatment that are not reflected in the rates above. These charges would need to be scheduled and estimated by the referred service provider separately.