



Embark Counseling Services, LLC

Empowering Children and Families for Hope and Healing

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Good Faith Estimate for out-of-network services

Effective January 1, 2022, a ruling went into effect called the “No Surprises Act” which requires practitioners to provide a “Good Faith Estimate” about out-of-network care. The Good Faith Estimate works to show the cost of items and services that are reasonably expected for your health care needs for an item or service, a diagnosis, and a reason for therapy. The estimate is based on information known at the time the estimate was created. 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. In that case, you would be provided a new Good Faith Estimate. If this does happen, federal law allows you to dispute (appeal) the bill if you and your therapist have not previously talked about the change and you have not been given an updated Good Faith Estimate.

Under *Section 2799B-6 of the Public Health Service Act (PHSA)*, health care providers and health care facilities are required to inform individuals who are not enrolled in a plan or coverage, or a Federal Health Care Program, or not seeking to file a claim with their plan or coverage both orally and in writing of their ability, upon request, or at the time of scheduling health care items and services to receive a “Good Faith Estimate” of expected charges. Note: The PHSA and Good Faith Estimate does not currently apply to any clients who are using insurance benefits, including “out of network benefits” (i.e., submitting superbills to insurance for reimbursement).

Timeline requirements: Practitioners are required to provide a Good Faith Estimate of expected charges for a scheduled or requested service, including items or services that are reasonably expected to be provided in conjunction with such scheduled or requested item or service. That estimate must be provided within specified timeframes:

- If the service is scheduled at least three business days before the appointment date, no later than one business day after scheduling
- If the service is scheduled at least 10 business days before the appointment date, no later than three business days after the date of scheduling
- If the uninsured or self-pay client requests a Good Faith Estimate (without scheduling the service), no later than three business days after the date of the request

A new Good Faith Estimate must be provided within the specified timeframes if the client rescheduled the requested item or service.

Common Services at ECS

Service Code	Description	Item Fee
90791	Initial Intake Session – Standard Fee	\$185.00
	Initial Intake Session – Standard Fee Level 2	\$135.00
	Initial Intake Session Couples & Relationship Counseling - Standard Fee	\$200.00
	Initial Intake Session Couples & Relationship Counseling - Standard Fee Level 2	\$175.00
	Initial Intake Session Family Therapy - Standard Fee Level 2	\$175.00
	Initial Intake Session – Reduced Fee Level 3 (Demonstrates Financial Need)	\$60.00
	Initial Intake Session – Counseling Intern	\$50.00
90832	Psychotherapy, up to 37 minutes – Standard Fee	\$80.00
	Psychotherapy, up to 37 minutes – Standard Fee Level 2	\$60.00

	Psychotherapy, up to 37 minutes – Reduced Fee Level 3 (Demonstrates Financial Need)	\$50.00
	Psychotherapy, up to 37 minutes – Counseling Intern	\$50.00
90834	Psychotherapy, 38-52 minutes – Standard Fee	\$130.00
	Psychotherapy, 38-52 minutes – Standard Fee Level 2	\$82.00
	Psychotherapy, 38-52 minutes – Reduced Fee Level 3 (Demonstrates Financial Need)	\$50.00
	Psychotherapy, 38-52 minutes – Counseling Intern	\$50.00
90837	Psychotherapy, 53+ minutes – Standard Fee	\$155.00
	Psychotherapy, 53+ minutes – Standard Fee Level 2	\$102.00
	Psychotherapy, 53+ minutes – Reduced Fee Level 3 (Demonstrates Financial Need)	\$60.00
	Psychotherapy, 53+ minutes – Counseling Intern	\$50.00
90839	Crisis Session (First 60 minutes) – Standard Fee	\$170.00
	Crisis Session (First 60 minutes) – Standard Fee Level 2	\$132.00
	Crisis Session (First 60 minutes) – Reduced Fee Level 3 (Demonstrates Financial Need)	\$82.00
	Crisis Session (First 60 minutes) – Counseling Intern	\$50.00
90846	Family Therapy without patient present/Parent Session – Standard Fee	\$180.00
	Family Therapy without patient present/Parent Session – Standard Fee Level 2	\$132.00
	Family Therapy without patient present/Parent Session – Reduced Fee Level 3 (Demonstrates Financial Need)	\$60.00
	Family Therapy without patient present/Parent Session – Counseling Intern	\$50.00
90847	Couples & Relationship Counseling (60 minutes) – Standard Fee	\$195.00
	Couples & Relationship Counseling (60 minutes) – Standard Fee Level 2	\$142.00
	Couples & Relationship Counseling (60 minutes) – Reduced Fee Level 3 (Demonstrates Financial Need)	\$60.00
	Couples & Relationship Counseling (90 minutes) – Standard Fee Level 2	\$190.00
	Couples & Relationship Counseling (90 minutes) – Reduced Fee Level 3 (Demonstrates Financial Need)	\$90.00
	Couples & Relationship Counseling (60 minutes) – Counseling Intern	\$50.00
	Family Therapy – Standard Fee	\$180.00
	Family Therapy – Standard Fee Level 2	\$132.00
	Family Therapy – Reduced Fee Level 3 (Demonstrates Financial Need)	\$60.00
	Family Therapy – Counseling Intern	\$50.00
90853	Group Therapy – Standard Fee	\$45.00
	Group Therapy – Standard Fee Level 2	\$35.00
	Group Therapy – Reduced Fee Level 3 (Demonstrates Financial Need)	\$30.00
	Group Therapy – Counseling Intern	\$20.00
90785	Interactive Complexity (Play Therapy, EMDR, Telehealth) – Standard Fee Level 2 (No Interactive Complexity for Reduced Fee Level 3 or Counseling Intern)	\$16.00
Contact Note	Telephone Assessment and Management, Responding to Email, Extended Communication	<i>Prorated per minute based one hourly fee above, exceeding 10 minutes</i>
No Show/Late Cancellation	Your therapist requires a 24-hour cancellation notice. If this is not provided, you are responsible for the fee of the scheduled appointment that is missed.	<i>See Fees above</i>

Insufficient Funds or Non-Payment	Fee assessed for returned checks, credit card denials and non-payment of services	\$35.00
Interest	Assessed to outstanding balances, monthly	2% of balance
Production of Records	Digital or Printed, paid in advance of receiving records. Please allow 14 days.	\$25.00
Legal Fees	All services related to court involvement, including court testimony, time spent reviewing records and preparing documents, travel time, communication with attorneys, and Guardian Ad Litem. Reduced Fee and Intern Fees are not applicable.	\$300.00 per hour, billed in 10 minute increments

Common Diagnoses at ECS

Although it is difficult for us to provide an appropriate and confirmed diagnosis until a formal assessment is completed, we will provide one of the following diagnoses, however, the list is not exhaustive:

- Parent-Child Relational Problem (Z62.820)
- Child Affected by Parental Relational Distress (Z62.898)
- Relationship Distress with Spouse or Intimate Partner (Z63.0)
- Stress not elsewhere specified (Z73.3)
- Z65.9 Unspecified Problems related to Unspecified Psychosocial Circumstances

The above diagnoses are not intended to be a formal psychological diagnosis, and these diagnoses are only used to satisfy the requirements of this form. A formal diagnosis occurs after the assessment phase of your treatment has been completed, which usually takes place approximately 4-6 sessions after beginning psychotherapy.

ECS recognizes that every client’s therapy journey is unique. Typically, our therapists will follow weekly session protocol, until an alternative frequency is needed. This is generally determined by the intensity of the presenting concerns, best practice with the delivery of treatment and ethical considerations. How long you need to engage in therapy, and how often you need to attend therapy will be influenced by many factors including:

- Your schedule and life circumstances
- Therapist availability
- Ongoing life challenges
- The nature of your specific challenges and how you address them
- Personal finances

You and your therapist will continually assess for appropriate frequency of therapy and will work together to determine when you have met your goals and are ready for discharge.

Where Therapy Services will be Delivered

ECS has four locations, and all locations follow the same fee structure, including our telehealth services. Our EIN is 46-4668351 for all locations. Below are our addresses, and your services will primarily be delivered at the location you identified during the Initial Phone Consultation, and where your counselor works. Telehealth may also be available and is inclusive within these locations.

Leawood Office	Lee’s Summit Office
5001 College Boulevard, Suite 105	225 SW Noel Street
Leawood, KS 66211	Lee’s Summit, MO 64063
Northland (Kansas City, MO)	St. Joseph, MO
8350 N. St. Clair Avenue, Suite 275	3105 Frederick Avenue, Suite C
Kansas City, MO 64151	St. Joseph, MO 64506

Lawrence Office	
5020 Bob Billings Parkway, Suite C-1	
Lawrence, KS 66049	

Client Information

First & Last Name	Date of Birth (MM/DD/YYYY)
Street Address	City, State, Zip
Best Phone Number (xxx)xxx-xxxx	Email address

Financial Responsibility Summary

For a Good Faith Estimate, we recognize that the amount you may owe on a weekly basis is outlined above. Your therapist will collaborate with you throughout your treatment to determine how many sessions and/or services that you may need to receive the greatest benefit based on your diagnosis and presenting clinical concern, according to the mutually established treatment plan.

With my signature, I am saying that I agree to receive the services from the clinician listed on my intake forms.

- I'm giving up some consumer billing protections under Federal Law.
- I will pay for the full charges for these items and services, understanding that my provider is not in my health plan's network.
- I received the notice either on paper or electronically, consistent with my preference.
- I fully and completely understand that some or all amounts I pay might not count toward my health plan's deductible or out-of-pocket limit. I completely understand that I will not receive a superbill for Reduced Fees and Counseling Intern Fees to submit to my insurance company for potential reimbursement. I completely understand that I may still receive a receipt for payment of services.
- I can end this agreement by notifying the provider or facility in writing before getting services, according to the financial policy.

By signing, I give up my federal consumer protections and agree that I might pay more for out-of-network care. IMPORTANT: You do not have to sign this form. But if you choose not to sign, your provider might not provide services to you.

Client/Guardian Signature: _____

Date of this Good Faith Estimate: _____

Good Faith Estimate Disclaimer: The Good Faith Estimate shows the costs of items and services that are reasonably expected for your mental health care needs for an item or service. The estimate is based on information known at the time the estimate was created. 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 more than this Good Faith Estimate, you have the right to dispute the bill. 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. Call your health plan; you may have better information about how much you will be asked to pay. You can also ask about what's covered under your plan and your provider options. You may also start a dispute resolution process with the US Department of Health and Human Services (HHS). If you choose to use the dispute resolution process, you must start the dispute within 120 calendar days (about 4 months) of the date on the original bill. There is a **\$25.00 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, you will have to pay the higher amount. If you have questions about your rights, or to get a form to start the process, go to www.cms.gov/nosurprises or call 800-985-3059.

Take a picture and/or keep a copy of this form. It contains important information about your rights and protections.