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**The No Surprise Act and Good Faith Estimate**

**What is it?**

This came into being because of people who went to the hospital and were suddenly given a huge bill because a surgeon or someone was not in someone’s insurance coverage and it came as a surprise. It targeted a practice known as balance billing, where a provider that is not in-network with a patient’s insurance plan would charge the patient the difference between the provider’s cash-pay rate and any payments from the patient’s insurer.

  Unfortunately, when making the bill the lawmakers did not think to separate the types of medical expenses and thus the bill makes no sense to psychotherapy and private practice practitioners.

**What does it mean in Psychotherapy?**

There are generally no surprises in Psychotherapy as to cost. Of course you should expect to know my hourly fee. I will let you know my hourly fee, which at present is $200.00 listed on my website. Individuals generally meet for the 50 minute therapy hour (as stated in my paperwork which is also on my website). Couples begin meeting for two therapy hours (110 minutes) for anywhere from 1 – 5 sessions to begin. Depending on the severity of the problem the longer sessions could continue for more sessions.

**What I can reasonably, responsibly and ethically tell you in a good faith estimate?**

It would be unreasonable, irresponsible and unethical for me to give you a diagnosis before I have ever talked with you. This is something the bill calls for. Additionally, you may not need a diagnosis – something that could follow you for the rest of your life.

Also, depending on the severity of your issue, your trauma history, and what is happening to you at the time of therapy, the length of treatment can vary significantly. Not to mention the fact that often clients come for a while, feel better, come back for transitions or issues that arise even years later.

An added component to how long therapy might take depends on the frequency of visits and your ability to pay for weekly or biweekly sessions, the amount of practice and work you put into your therapy, and the circumstances that may be interfering in your life at the moment.

At any time, you can request we evaluate your therapy progress and what issues still need to be addressed. Additionally, I will check in periodically to ensure we are on track and the therapy is working for you. If you choose to have a Good Faith Estimate I will provide one for three months at a time.

By signing this document I understand the above limits and abilities for a Good Faith Estimate.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_