

The No Surprises Act Standard Notice and Consent

OMB Control Number 0938-1401

SURPRISE BILLING PROTECTION FORM

The purpose of this document is to let you know about your protections from unexpected medical bills. It also asks whether you would like to give up those protections and pay more for out-of-network care.

IMPORTANT

You are not required to sign this form and shouldn't sign if you didn't have a choice of health care provider when you received care. You can choose to get care from a provider or facility in your health plan's network, which may cost you less.

If you would like assistance with this document, ask your provider or a patient advocate. Take a picture and/or keep a copy of this form for your records.

You're getting this notice because this provider isn't in your health plan's network. This means the provider doesn't have an agreement with your plan.

Getting care from this provider could cost you more.

If your plan covers the item or service you're getting, federal law protects you from higher bills.

- When you get emergency care from out-of-network providers and facilities, or
- When an out-of-network provider treats you at an in-network hospital or ambulatory surgical center without your knowledge or consent.

Ask your health care provider or patient advocate if you need help knowing if these protections apply to you.

If you sign this form, you may pay more because

- You are giving up your protections under the law.
 - You may owe the full costs billed for items and services received.
 - Your health plan might not count any of the amount you pay towards your deductible and out-of-pocket limit.
- Contact your health plan for more information.

You **shouldn't** sign this form if you **didn't** have a choice of providers when receiving care. For example, if a doctor was assigned to you with no opportunity to make a change.

Before deciding whether to sign this form, you should contact your health plan to find an in-network provider or facility. If there isn't one, your health plan might work out an agreement with this provider or facility or another one.

See the next page for your cost estimate.



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TOTAL COST ESTIMATE OF WHAT YOU COULD BE ASKED TO PAY

It is your ethical right to determine your goals for treatment and how long you would like to remain in therapy unless you are pursuing mandatory treatment. Please see the breakdown of possible fees on page four.

- **Review your detailed estimate.** See page 4 for a cost estimate for each item or service.
- **Call your health plan.** Your plan may have better information about how much of these services are reimbursable.
- **Questions about this notice and estimate?** Call 215-593-9167 or write to ellen@ellenschrier.com
- **Questions about your rights?** Call the Pennsylvania Secretary of State at 717-787-6458

Prior authorization or the care management limitations

Except in an emergency, your health plan may require prior authorization (or other limitations) for certain items and services. This means you may need your plan's approval that it will cover an item or services before you get them. If prior authorization is required, ask your health plan about what information is necessary to get coverage.

More information about your rights and protections

Visit <https://www.com.gov/files/document/model-disclosure-notice-patient-protections-against-surprise-billing-providers-facilities-health.pdf> for more information about your rights under federal law.



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By signing, I give up my federal consumer protections and agree I might pay more for out-of-network care.

With my signature, I acknowledge that I am consenting to get items or services from, Ellen Schrier, MS, LPC.

With my signature, I acknowledge that I am consenting of my own free will and am not being coerced or pressured. I also understand that :

- I am giving up some consumer billing protections under Federal law.
- I may get a bill for the full charges for these items and services or have to pay out-of-network cost-sharing under my health plan.
- I was given notice on explaining that Ellen Schrier, MS, LPC isn't in my health plan's network, the estimated cost of services, and what I may owe if I agree to be treated by Ellen Schrier, MS, LPC.
- I fully and completely understand that some of or all amounts I pay might not count toward my health plan's deductible or out-of-pocket limit.
- I can end this agreement by notifying Ellen Schrier, MS, LPC in writing before getting services.

IMPORTANT: You **don't** have to sign this form, but if you don't sign, Ellen Schrier, MS, LPC will not treat you.

Patient's Signature

Patient's Signature

Print Name of Patient

Print Name of Patient

Date

Date

Take a picture and/or keep a copy of this form.

It contains important information about your rights and protections.



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Ellen Schrier, MS, LPC, NCC

License PC004148
NPI 1568740470
EIN 813165427

The amount below is only an estimate; it isn't an offer or contract of services. This estimate shows the full estimate costs of items or services listed. It doesn't include any information about what your health plan may cover. This means that **the final cost of services may be different than the estimate.**

Contact your health plan to find out how much, or if any of your plan will pay and how much you may have to pay.

Good Faith Estimate Table of Services and Fees

Date of Service	Service Code	Description	Fee for Services (No of sessions will be determined as we progress)	Negotiated Fee If applicable
	90791	Therapy 45 minutes	\$180.00	
	90834	Psychotherapy 45 minutes	\$180.00	
	90847	Family/Couples 50-60 minutes	\$180.00	
	90837	Psychotherapy 60 minutes	\$180.00	
	Late Cancellation/No Show Fee	Ellen Schrier, MS,LPC requires 24 clock hours cancellation fee	\$95.00	You are responsible for this fee of the appointment missed
	Gottman Assessment		\$39.00	paid to Gottman Institute

TOTAL ESTIMATE: The Good Faith Estimate explains Ellen Schrier, MS, LPC's rate for each service commonly provided. Ellen Schrier will collaborate with you throughout your treatment to determine how many sessions and/or services you may need to receive the greatest benefit based on your diagnosis(es) presenting clinical concerns.