

The URI Couple and Family Therapy Clinic

2 Lower College Rd Kingston RI 02881
401 874-5956

THE NO SURPRISES ACT
STANDARD NOTICE AND CONSENT DOCUMENT
(WITH GOOD FAITH ESTIMATE)

(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.

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

The Couple and Family Therapy Clinic matches your mental health co-pay if it is higher than \$15 but there are circumstances (such as if you have Medicare/ Medicaid) where getting care from The URI Couple and Family Therapy Clinic could cost you more

- With services through URI CFTC, you will owe the full cost billed for services received
- Your health plan will not count any of the amount you pay towards your deductible and out-of-pocket limit.

Before deciding whether to sign this form, you can contact your health plan to try and find an in-network provider or facility.

By signing, I understand that in certain circumstances I might pay more for out-of-network care

With my signature, I am saying that I agree to services from The URI Couple and Family Therapy Clinic and acknowledging that I am consenting of my own free will and am not being coerced or pressured. I also understand that:

- I'm giving up some consumer billing protections under Federal law.
- I was given a written notice explaining that my provider or facility 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 this provider or facility.
- Both paper and electronic notices are available
- I fully and completely understand that what I pay does not count toward my health plan's deductible or out-of-pocket limit.
- I can end this agreement by notifying the provider or facility in writing before getting services or terminate services at any time.

Client names: _____

Client DOBs: _____

Client Signatures

Date: _____

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Diagnosis: The Couple and Family Therapy Clinic will not be giving you a diagnosis but for your reference to explore comparable services, a standard mental health diagnosis might be the following: [Z65.9 Problem related to unspecified psychosocial circumstances](#)

The amount below is only an estimate; it isn't an offer or contract for services. 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.

GOOD FAITH ESTIMATE **TABLE OF SERVICES AND FEES**

Service code (CPT Code)	Description	Fee for Service (Number of Sessions Will Be Determined as We Progress)
90847/90837	Family or Psychotherapy with Patient Present, 50 minutes	Sliding Scale Fee determined at Intake Range (\$15-\$45)
Cancelation Fee	Your Therapist Requires a 24-Hour Cancelation Fee	You are Responsible for the Fee of the Appointment Missed
Total Estimate:	This Good Faith Estimate explains your therapist's rate for each service provided. Your therapist 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.	

Please note that Place of Service (in office vs. telemental health) is not delineated above since the charges are identical

Questions about this notice and estimate? Call URI Couple and Family Therapy Clinic Coordinator [Gina MacLure LMFT](#) at 401 874-5956

More information about your rights and protections

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