

GOOD FAITH ESTIMATE: PSYCHIATRIC SERVICES

Date range applicable to estimate: services rendered on/ after January 1, 2021 Provider Information:

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ABOUT THE GOOD FAITH ESTIMATE

You are entitled to receive this “Good Faith Estimate” of what the charges could be for psychiatric services provided to you as per the No Surprises Act (HR133, Title 45 Section 149.610).

- Your total cost of services will depend upon the number of sessions you attend, your individual circumstances, and the type and amount of services that are provided to you.
- This estimate is not a contract and does not obligate you to obtain any services from the provider(s) listed, nor does it include any services that may be recommended during treatment to you that are not identified here.
- This Good Faith Estimate is not intended to serve as a recommendation for treatment or a prediction that you may need to attend a specified number of visits.
- The number of visits that are appropriate in your case, and the estimated cost for those services, depends on your needs and what you agree to in consultation with your therapist or psychiatrist.
- You are entitled to disagree with any recommendations made to you concerning your treatment and you may discontinue treatment at any time.
- You are encouraged to speak with your provider at any time about any questions you may have regarding your treatment plan or the information provided to you in this Good Faith Estimate.

Disclaimer

This Good Faith Estimate shows the costs of items and services that are reasonably expected for your 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.

PSYCHIATRIC VISITS

Patients will attend 1 psychiatric evaluation at the initiation of treatment. Then, if treatment is continued, will have approximately 1 established patient visit per 4 weeks, although the frequency of established patient visits that are appropriate in your case may be more or less than once per 4 weeks, depending upon your needs.

Services (Type and Codes):

- 99205 - New Patient Evaluation
- 99212 - Established Patient, Very Low Complexity
- 99213 - Established Patient, Low Complexity
- 99214 - Established Patient, Moderate Complexity
- 99215 - Established Patient, High Complexity
- 99417 - Prolonged Service

Psychiatric Visit Fee Schedule:

Established Patient Visits –

<u>Code</u>	<u>Cost (\$)</u>
99212	140
99213	190
99214	225
99215	300
99215 + 99417*1	375
99215 + 99417*2	450
99215 + 99417*3	525
99215 + 99417*4	600
99215 + 99417*5	675
99215 + 99417*6	750
	+ if required

New Patient Evaluation --

<u>Code</u>	<u>Cost (\$)</u>
99215 + 99417*8	1300
	+ if required

Based on these fees, the following are expected charges

Number of Psychiatric Visits required	Estimated charges
1 New Patient Evaluation	\$1,300 – \$1,900
1 Established Patient Visit	Between \$225- \$750, depending on visit type

3 Established Patient Visits (Approximately 3 Months of follow-up care)	Between \$675 - \$2,250, depending on visit types
6 Established Patient Visits (Approximately 6 Months of follow-up care)	Between \$1,350 - \$4,500, depending on visit types
9 Established Patient Visits (Approximately 9 Months of follow-up care)	Between \$2,025- \$6,750, depending on visit types
12 Established Patient Visits (Approximately 12 Months of follow-up care)	Between \$2,700- \$9,000, depending on visit types

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.
- You may also start a dispute resolution process with the U.S. Department of Health and Human Services (HHS). If you choose to use the dispute resolution process, you must start the dispute process within 120 calendar days (about 4 months) of the date on the original bill.
- There is a \$25 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 or facility, you will have to pay the higher amount.
- To learn more and get a form to start the process, go to www.cms.gov/nosurprises.
- For questions or more information about your right to a Good Faith Estimate or the dispute process, visit www.cms.gov/nosurprises.

Please keep a copy of this Good Faith Estimate in a safe place or take pictures of it as you may need it if you are billed a higher amount.