

BIRCHWOOD CLINIC, LLC

1950 N DAMEN AVE, CHICAGO, IL 60647

(312) 806-2140

PRACTICE POLICIES

APPOINTMENTS AND CANCELLATIONS

Please remember to cancel or reschedule 24 hours in advance. You will be responsible for the entire fee if cancellation is within less than 24 hours. Your insurance provider will NOT cover this fee.

Cancellations and re-scheduled sessions will be subject to a full charge IF NOT RECEIVED AT LEAST 24 HOURS IN ADVANCE. This is necessary because a time commitment is made to you and is held exclusively for you. If you are late for a session, you may lose some of that session time.

Your first appointment will consist of an intake/assessment which will take 55 minutes. Subsequently, the standard meeting time for psychotherapy is 55 minutes. It is up to you, however, to determine the length of time of your sessions and their frequency. Requests to change the 55-minute session should be discussed with the therapist in order for time to be scheduled in advance. Typically, clients are seen on a weekly or bi-weekly basis but the schedule may be modified based upon client need and request.

After your first session, your therapist might refer you to see an additional or different provider such as a physician, psychiatrist, or other mental health or medical professional. The first session serves as an assessment and it might be determined by the therapist that you are better suited seeing another therapist outside of the practice based on your clinical need and the therapists scope of practice. If this occurs, you are still responsible for all costs incurred from the first session (copays, coinsurance, deductibles, self-pay, etc).

A \$25.00 service charge will be charged for any checks returned for any reason for special handling.

Birchwood Clinic does not write Emotional Support Animal (ESA) letters.

INSURANCE AND FEES

Birchwood Clinic, LLC is an in-network provider with Blue Cross Blue Shield PPO, Blue Choice PPO, and United Healthcare/Optum ONLY. We are not in network with any HMO plans. Self-pay clients are also accepted. You are strongly encouraged to contact your insurance carrier before your session to understand any co-payments, co-insurance, deductibles, or costs for which you may be responsible. If you have insurance with another company, we can provide a statement for you to submit for possible partial reimbursement through your out-of-network benefits. Payment is due at the time of service and may be made via cash, check, or credit card.

If you elect to use your insurance to receive mental health services, please note that every insurance company requires a formal ICD-10 diagnosis in order to justify services. Your clinician will provide a diagnosis after meeting with you based on the symptoms you report.

Individual therapy:

Initial assessment/intake \$200

Psychotherapy session \$175

Couples Therapy:

Initial assessment/intake \$225

Psychotherapy session \$185

Cancel less than 24 hours: Full session rate

Initial phone consultation: Free

Phone contact over 15 minutes: \$50/30 minutes

Please be aware that invoices or statements not paid by the end of the month will be automatically charged on the 30th of each month.

TELEPHONE ACCESSIBILITY

If you need to contact us between sessions, please leave a message on our voice mail. We are often not immediately available; however, we will attempt to return your call within 24 hours except for weekends and holidays. Please note that face-to-face sessions are highly preferable to phone sessions. However, in the event that you are unavailable to come to the office, sick, or need additional support, phone sessions are available at \$50 per 30 minutes. If a true emergency situation arises, please call 911 or any local emergency room.

SOCIAL MEDIA AND TELECOMMUNICATION

Due to the importance of your confidentiality and to minimize dual relationships, we do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). We believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

ELECTRONIC COMMUNICATION

We cannot ensure the confidentiality of any form of communication through electronic media. If you prefer to communicate via email for issues regarding scheduling or cancellations, we will do so. While we may try to return messages in a timely manner, we cannot guarantee immediate

response and request that you do not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies. Be aware that we do not communicate via text message.

TELETHERAPY

With teletherapy, there are potential risks and benefits that differ from in-person sessions, however, all practice policies still apply. (1) You retain the option to withhold or withdraw consent at any time without affecting the right to future care or treatment or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled. (2) All existing confidentiality protections are equally applicable. (3) Your access to all medical information transmitted during a telemedicine consultation is guaranteed, and copies of this information are available for a reasonable fee. (4) Dissemination of any of your identifiable images or information from the telemedicine interaction to researchers or other entities shall not occur without your consent. (5) There are potential risks, consequences, and benefits of telemedicine. Potential benefits include, but are not limited to improved communication capabilities, providing convenient access to up-to-date information, consultations, support, reduced costs, improved quality, change in the conditions of practice, improved access to therapy, better continuity of care, and reduction of lost work time and travel costs. Effective therapy is often facilitated when the therapist gathers within a session or a series of sessions, a multitude of observations, information, and experiences about the client. Therapists may make clinical assessments, diagnosis, and interventions based not only on direct verbal or auditory communications, written reports, and third person consultations, but also from direct visual observations, information, and experiences. When using information technology in therapy services, potential risks include, but are not limited to the therapist's inability to make visual and olfactory observations of clinically or therapeutically potentially relevant issues such as: your physical condition including apparent height and weight, gait and motor coordination, posture, work speed, any noteworthy mannerism or gestures, physical or medical conditions including bruises or injuries, basic grooming and hygiene including appropriateness of dress, eye contact (including any changes in the previously listed issues), sex, chronological and apparent age, facial and body language, and congruence of language and facial or bodily expression. Potential consequences thus include the therapist not being aware of what he or she would consider important information, that you may not recognize as significant to present verbally to the therapist. (6) It may be determined that due to certain circumstances, teletherapy is no longer appropriate and in-person sessions should resume. (7) You are strongly encouraged to reach out to your insurance company to understand any out-of-pocket expenses you might be responsible for as coverage for teletherapy might differ from in-person office visits. You are fully responsible for these expenses. (8) Teletherapy sessions work best when you can be in a private, quiet space with secure internet connection rather than public WiFi. (9) To ensure your safety, you will be asked for your location at the start of all teletherapy sessions. (10) Due to safety concerns, we ask that you do not conduct your teletherapy sessions while in a moving vehicle or walking. (11) Birchwood's zero tolerance substance use policy applies to all teletherapy sessions. (12) In the event that you are going to be outside of Illinois during your Telehealth session, please advise your clinician in advance, as not all our providers have the ability to provide out-of-state services due to licensing regulations across state lines.

GOOD FAITH ESTIMATE (GFE) FOR SELF-PAYING CLIENTS

The estimate below sets forth a likely the range of costs for most self-pay patients who will not be using insurance benefits. If you plan to use insurance benefits, this estimate does not apply to you.

Pursuant to the No Surprises Act that went into effect January 1, 2022, healthcare providers are required to notify clients of their rights and protections against "surprise billing" when (a) services

are rendered by an out-of-network provider, or(b) a client is uninsured or elects not to use insurance. This requires that we provide a Good Faith Estimate of the cost of services (below). However, given the nature of mental health treatment, including a client's ability to discontinue therapy at any time, it is difficult to determine the cost, in advance, with precision. Indeed, until we conduct an initial evaluation and start to work together, we will not have a clear picture of your diagnosis, issues and needs, or consequently, the likely duration of therapy.

The estimate below sets forth the range of likely costs in a one year time span. Depending on how treatment progresses, more or fewer sessions may be needed. Clients typically need between 12-50 psychotherapy sessions of 53 minutes each per year. At \$175 per session, the total estimated costs would therefore be between \$2,100 - \$9,100 per year; however, as indicated below, your cost would be only \$200 if you should elect to discontinue treatment following the initial evaluation. See below for rates for couples therapy. Your therapist will collaborate with you throughout your treatment to determine how many sessions and/or services you may need to receive the most benefit based upon your diagnosis(es) and presenting clinical concerns. It is your ethical right to determine your goals for treatment and how long you would like to remain in therapy.

Contact: If you have questions about this estimate, please contact Dr. Susan Bush at 312-806-2140 or drbush@birchwoodclinic.com

Details of the Estimate

The following is a detailed list of expected charges for psychological services scheduled in a one year period for reoccurring psychotherapy. The estimated costs are valid for 12 months from the date of this Good Faith Estimate, unless we send you an updated Estimate.

Service	Diagnosis Code (once determined)	Service code (Psychotherapy 53 minutes)	Quantity (# of sessions or units. Give number or range)	Cost per unit	Expected cost per year
Initial evaluation	To be determined*	90791	1	\$200	\$200
Psychotherapy	To be determined*	90837 and/or 90834	1-52	\$175	\$175-\$9,100
24 hour Cancellation fee	N/A	N/A	1	\$175	

Group NPI number: 1104336114 Federal Tax ID Number: 822796433
 Address of office from which services will be provided: 1950 N Damen Ave, Chicago, IL 60647

*Your clinician will provide a diagnosis after meeting with you based on the symptoms you report.

Disclaimer

This Good Faith Estimate shows the costs of services that are reasonably expected for the expected services to address your mental health care needs. The estimate is based on the information known to us when we did the estimate. This means that the final cost of services may be different than the estimate.

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 \$400 more (per provider) than this Good Faith Estimate (GFE), you have the right to dispute the bill

You may contact Birchwood Clinic at the contact listed above to let them know the billed charges are at least \$400 higher than the GFE. You can ask them to update the bill to match the GFE, 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) following 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 GFE. 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 or call CMS at 1-800-985-3059.

For questions or more information about your right to a Good Faith Estimate or the dispute process, visit www.cms.gov/nosurprises or call CMS at 1-800-985-3059.

This Good Faith Estimate is not a contract. It does not obligate you to accept the services listed above.

Keep a copy of this Good Faith Estimate (GFE) in a safe place or take pictures of it. You may need it if you are billed more than \$400 than the estimate provided above.

MINORS

If you are a minor, your parents may be legally entitled to some information about your therapy. We will discuss with you and your parents what information is appropriate for them to receive and which issues are more appropriately kept confidential.

ZERO TOLERANCE SUBSTANCE USE POLICY

The American Psychological Association's ethical guidelines, coupled with research indicating the lack of effectiveness for treatment when individuals are under the influence, has informed Birchwood Clinic's zero tolerance policy for providing treatment while clients are under the influence of alcohol, marijuana, or any other substance that is not a prescribed medication. If you attend your session under the influence, you will be asked to leave, the session will be considered a late cancellation, and you will be charged the full session fee. Please note that your insurance provider will not cover this fee. This is to protect and respect both the therapist and other clients at the practice as well as to ensure that you are receiving the most effective and ethical treatment at every session.

EMERGENCY CONTACT

Should a mental health emergency arise, please use the nearest hospital emergency room or call 911. Once the situation has stabilized, please inform us of your condition and current location. Please be aware that if an emergency occurs overnight or on a weekend or holiday, the earliest response maybe be the next business day.

TERMINATION

Ending relationships can be difficult. Therefore, it is important to have a termination process in order to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. We may terminate treatment after appropriate discussion with you and a termination process if we determine that the psychotherapy is not being effectively used or

if you are in default on payment. We will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. If therapy is terminated for any reason or you request another therapist, we will provide you with a list of qualified psychotherapists to treat you. You may also choose someone on your own or from another referral source.

Should you fail to schedule an appointment for three consecutive weeks, unless other arrangements have been made in advance, for legal and ethical reasons, we will consider the professional relationship discontinued.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

Signature

Date

Printed name