

The No Surprise Act: Surprise Billing Protection

In compliance with the No Surprises Act that went into effect January 1, 2022, all healthcare providers are required to notify clients of their federal rights and protections against “surprise billing”.

This provider or facility is not in network with your health plan. This means that the provider or facility doesn't have an agreement with your insurance company.

As such, you understand that you are responsible for the full costs billed for items and services received and that your health plan might not count any of the amount you pay toward your deductible or out-of-pocket limit. Contact your health insurance provider for more information specific to your plan.

Total cost estimate of what you may 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.

Prior authorization or other 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 service before you get them. If prior authorization is required, ask your health plan about what information is necessary to get coverage.

Good Faith Estimate:

Rates for each service are provided to you once your initial therapy appointment is scheduled in the consent forms. The annual amount you can expect to pay this year will be based on the rates and the number of sessions scheduled this year. 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) or presenting clinical concerns. Please contact andrea@andreaandersonlpc.com if you have any questions.