

NovaEMDR (NEMDR) PLLC Good Faith Estimate (GFE)

Last Updated: 4/8/2025
Good Faith Estimate Information

Brief explanation of estimate:

The estimate below is an estimation of costs that is likely for most new patients. Until I do an initial evaluation, and we start to work together, I will not have a clear picture of your specific diagnosis, issues and needs. Every client is different, so we are pricing this estimate assuming a year of therapy (48 sessions to assume for time missed, vacations, cancelation, etc.) at the rates listed below. In cases a client's issues may be more complicated, so we may need additional sessions during the time covered by this estimate. These are not accurate but to help you develop a budget. These costs are NOT to be paid up front.

Details of the Estimate:

The following is a detailed list of expected charges for psychological services scheduled from the date of your initial appointment onward. The estimated costs are valid for 12 months from the date of this Good Faith Estimate, unless the practice sends you an updated Estimate.

- Initial Intake Appointment (120 minutes). \$225
- Individual EMDR & Psychotherapy (30-90 minutes). \$200
- Family session conjoint with client present, 45 minutes. \$200

Yearly Estimates:

This represents a Good Faith Estimate on the Maximum TOTAL out of pocket expense for a calendar year from the start of therapy. This is not an up-front or one time cost. This is taking the per session cost above and extrapolating out for the whole year for our most common scenarios. Your final total will be different and will be based on the actual number of appointments you attend during a calendar year or throughout the course of your therapy.

New client attending weekly Appointments	Initial appointment + Individual EMDR & Psychotherapy (30-90 minutes) Appointments	48 weeks	\$9825
Returning client attending weekly Appointments	Individual EMDR & Psychotherapy (30-90 minutes) Appointments	48 weeks	\$9600
Returning client attending every other week appointments	Individual EMDR & Psychotherapy (30-90 minutes) Appointments	24 weeks	\$4800

All other fees as listed in policies and fees paperwork remain intact and are additional costs

including Late Cancellation/No Show/Late Arrival fees of \$100 per incident, letter writing fees, and Court Fees.

NEMDR PLLC strives to be transparent with the cost of therapy and understands therapy can be an expensive endeavor. We believe money should never stand in the way of quality treatment. NEMDR PLLC is committed to providing affordable services to members of the community and partners with Nova Telemental Health LLC (NTMH LLC) who offer a limited number of sliding scale therapy slots, based on a client's financial need.

We understand that not everyone has health insurance or elects to pay out of pocket (OOP) for certain psychological services. The following policy is for those who knowingly opt out of using their insurance or do not have insurance.

- NEMDR PLLC reserves the right to increase its fees at any time, and reasonable notice will be given to you.
- NEMDR PLLC requires a credit card to be kept on file.
- You agree to be charged the current No-Show/Late Cancellation Fee for all cancellations made with less than 48-hour notice and missed appointments.
- Our policy is that all client balances must be paid at the time of service. If you have a personal balance of \$100 or more, that balance must be paid before meeting with your therapist again.
- NEMDR PLLC accepts client payments using their Flexible Spending Account (FSA) and Health Savings Account (HSA) funds for mental health expenses, but clients are responsible for understanding the eligibility rules, procedures, and potential requirements of their respective plan, like a Letter of Medical Necessity (LOMN). NEMDR PLLC will provide superbills for services rendered, which clients can submit to their FSA or HSA provider for reimbursement. Please note that NEMDR PLLC is not responsible for any issues related to FSA or HSA eligibility or reimbursement. NEMDR PLLC can provide current clients with a formal LOMN upon request.
- FSA and HSA debit cards may be kept on file for billing purposes if used, however, NEMDR PLLC requires a credit card to be kept on file in addition to these payment methods.
- NEMDR PLLC has the right to review, change, or cancel this policy at any time, with sufficient notice to you.

Please Note: All other Fees (See Website, or your current signed Intake and Consent Paperwork for list of fees) will remain the same at this time. There is no sliding scale for court related fees.

Insurance Opt-Out Agreement

***General Information ***

The purpose of this form is to acknowledge that you, the client, have a health insurance policy that you are choosing not to use for therapy purposes at NovaEMDR PLLC. You do not have to provide a reason to opt-out of insurance.

I, the Client, Understand

- I have selected to not use my insurance for my counseling/psychotherapy sessions.

- I understand that opting out of using my insurance means I must pay out of pocket for the counseling/therapy sessions.
- I have made my therapist aware that I have opted to not use my insurance for counseling sessions even if they are considered in network or out of network.
- I have agreed to let my therapist know if anything changes.
- I understand that if I opt out of using my insurance, I cannot use the payment of sessions towards my deductible because I have elected to opt out of using my insurance.
- I understand that if I choose to later use my insurance at a different clinic, my therapist is not liable and is not obligated to reimburse previous sessions where I have chosen to opt out of billing my insurance. In that specific case, my opt in to use insurance will start from the day I notify my new therapist of the change and cannot be backdated to previous OOP sessions.
- I must keep an active credit card on file and that my fees for therapy will be charged within 2 business days of the date of service.
- As per the practice policy, if my personal balance exceeds \$100 my sessions may be cancelled, rescheduled, or postponed until I pay my balance back to below this threshold.

You have the right to receive a “Good Faith Estimate” explaining how much your medical care will cost.

Under the No Surprises Act (H.R. 133-which went into effect on January 1, 2022), health care providers need to give clients or patients who do not have health insurance or who are not using health insurance an estimate of the bill for medical items and services. NovaEMDR PLLC works to be transparent from the beginning regarding the cost of services provided. For psychotherapy, what clients would receive is a summative estimate of the cost of a year’s worth of consistent psychotherapy services.

1. 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.
2. You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services. This includes (under the law/when applicable) related costs like medical tests, prescription drugs, equipment, and hospital fees.
3. 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.
4. If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can 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 them 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 the 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.

Make sure your health care provider gives you a Good Faith Estimate in writing at least one business day before your medical services or item. You can also ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule an item or service.

Make sure to save a copy or picture of your Good Faith Estimate.

Note: A Good Faith Estimate is for your awareness only. It does NOT involve you needing to make any type of commitment.

For questions or more information about your right to a Good Faith Estimate, visit www.cms.gov/nosurprises or call 1-877-696-6775.