



Balance Behavioral Health PLLC

6504 Woodlake Village Circle

Midlothian, VA 23112

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FEE AGREEMENT and GOOD FAITH ESTIMATE

No Surprises Act

In compliance with the No Surprises Act that went into effect January 1, 2022, all healthcare providers including psychiatrists and therapists are required to notify patients of their federal rights and protections against “surprise billing.” The purpose of the Act and of this document is to protect you from unexpected medical bills.

This Act requires that we notify you of your federally protected rights to receive a notification *when services are rendered by an out-of-network psychiatrist or therapist (as we often are), if you are uninsured, or if you elect not to use your insurance.*

In case any of these situations apply to you, we are required to provide you with a “Good Faith Estimate” of the cost of services to you. Doing so is particularly challenging in mental health care because it is difficult to predict the length of treatment and because patients have a right to decide how long they want to participate. Therefore, we describe below the fees that typically apply for the types of services we offer, including for your condition. Going forward, we can collaborate on a regular basis to determine how many sessions you may need.

As per our terms and our patient/provider agreement, all patients agree to pay the full rate unless otherwise negotiated before treatment begins or if in-network in which case they agree to pay their co-pay or co-insurance amounts and meet any necessary deductibles. If no payment is presented at the time of treatment, payment will be billed to the credit card we have on file. After the initial consultation, regular follow-ups are scheduled depending on clinical needs. If you are seeing one of our psychiatric providers, then depending on your treatment plan and clinical discretion, the frequency of medication management appointments may range. Note that these rates will remain in effect for at least a year from the start date of treatment and in the event of a fee increase after that time, a new Fee Agreement will be presented.

Balance Behavioral Health, PLLC

Tax ID: 46-3298332, Group NPI: 1912338914

6504 Woodlake Village Circle

Midlothian, VA 23112

Tim Walsh, MSN, PMHNP-BC

NPI: 1659940583



TIM WALSH RATES:

Initial Psychiatric Evaluation (up to 60 minutes): \$300

Follow-up Psychiatric Appointment and/or Medication Management (up to 30 minutes): \$150

Medication Management Therapy Add-on: \$75

Late Psychiatric Cancellation (less than 24-hour hours): \$300/ intake, \$150/medication management/follow-up

Missed Psychiatric Appointment (no-show): \$300/intake, \$150/medication management/follow-up

Phone Calls: Those lasting greater than 10 minutes will be billed at a prorated rate of \$150/hour for psychiatric provider. This includes phone calls with the patient, other providers, and insurance companies (including for prior authorization medication requests), family members, other treatment facilities, etc. Fees will be charged to the patient's credit card kept on file.

Paperwork/ Letters: All forms, letters, or other paperwork will be assessed a base fee of \$35 and any time above 15 minutes will be billed at a prorated rate of \$150/hour for psychiatric provider. Paperwork can take up to 10 business days to complete.

Urgent Prescription Refill: A \$25 fee will be charged for urgent refill requests made outside of normal business hours (Monday-Friday 9am to 5pm) including requests on weekends and holidays or when a patient has not scheduled/attended a follow-up appointment and needs medication to get through until the next available appointment.

Expert consultation, including forensic or legal document review, and preparation of significant documentation is billed at \$400/hour.

Appearances In court, depositions, and scheduled time addressing legal matters out of the office: \$500/hr

A retainer of \$500 is due 72 hours in advance of requested court appearance. You will be billed for the remainder and it is due within 30 days of receipt of invoice. If the full \$500 retainer is not utilized, the credit will be refunded within 30 days. If I am subpoenaed and the case is reset after appointments have been cleared for the day, you will be responsible for an additional \$400 to account for lost revenue from those day's appointments. Please be aware that there may be times that I may be out of town and therefore unable to accommodate requests for court appearances.

- These fees apply to all American Psychiatric Association DSM-5 diagnoses and corresponding ICD-10 codes.
- I use diagnostic codes that are clinically accurate, but these do not guarantee reimbursement.
- Most often therapy is done once or twice weekly, but sometimes more or less often.
- Most often therapy continues for six months, one year, or several years, but short-term, brief therapy for intercurrent issues is also common. As noted above, because of this variability, please ask me about what can be expected in your case.
- Most often medication management is done every one to three months, but sometimes more often at the beginning of treatment and during periods of acuity, and sometimes less often.
- Most often medication management continues for several years or even longer; because of this variability, please ask me what can be expected in your case.
- It is your right to determine your goals for treatment and how long you want to remain in therapy.



Required Disclaimers:

- Should you have additional questions about your rights under this act, you can contact any of the following: The U.S. Centers for Medicare & Medicaid Services (CMS) at 1- 800-MEDICARE (1-800-633-4227) or visit <<https://www.cms.gov/nosurprises>> for more information about your rights under federal law. The Illinois Department of Insurance, Office of Consumer Health Insurance at (877) 527-9431.
- If you are billed for more than this Good Faith Estimate you have the right to dispute the bill. You may 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 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 healthcare provider, you will have to pay the higher amount.

If you have any questions related to billing, please contact me via the Osmind messaging system or speak to your clinician.

By signing this form, you agree to pay the full fee at the time of your treatment, unless otherwise arranged or if your clinician is in-network with your insurance. If in-network any co-pays or co-insurance are due at time of service.

It is a federal requirement that each patient sign this form annually to begin/continue treatment.