



Beacon Psychology
A Cognitive Behavioral Treatment Center

Good Faith Estimate

Effective January 1, 2022, as part of the Public Health Service Act, health care providers and health care facilities are required to provide a Good Faith Estimate of expected charges for items and services to individuals who are not enrolled in a health care plan or coverage or a Federal health care program (uninsured individuals), or individuals who are enrolled but not seeking to file a claim with their plan or coverage provider (self-pay individuals) of the expected charges they may be billed for receiving certain health care items and services. This does not include individuals who will be filing for out of network benefits (e.g., requesting a superbill and then filing claims on their own) nor does it include individuals for whom Beacon Psychology, PC files out of network claims.

This Good Faith Estimate is a form provided to patients that show the costs of items and services (e.g., individual ongoing therapy sessions, family/couples therapy sessions) that are reasonably expected for your health care needs (e.g., depression, anxiety). The estimate is based on information known at the time the estimate was created. Note: the Good Faith Estimate does not include any unknown or unexpected complications or special circumstances that may arise during treatment and lead to additional costs.

A Good Faith Estimate must be provided within 3 business days following request. Information regarding scheduled items and services must be furnished within 1 business day of scheduling an item or service to be provided in 3 business days; and within 3 business days of scheduling an item or service to be provided in at least 10 business days.

Good Faith Estimate: What's Included

- *Fees for services rendered according to frequency delivered*
 - Services commonly provided at Beacon Psychology
 - 90791: Initial Psychotherapy intake (60 minutes)
 - 90834: Ongoing therapy sessions (approx. 38-45 minutes)
 - 90847: Family/Couples sessions (approx. 45-60 minutes)

- *Diagnoses treated*
 - Diagnoses commonly treated at Beacon Psychology (Note: an individual's diagnoses can change due to many factors. Please speak to your provider with any questions or concerns.)
 - ADHD (F90.09)
 - Depression (F32.9)

BEACON PSYCHOLOGY
www.beaconpsychologyva.com

Phone: (804) 491-8036 675 Peter Jefferson Pkwy, Ste 130, Charlottesville, VA 22911



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- Anxiety (F41.1)
- *Length of treatment/Factors affecting length of treatment*
 - Every individual's mental health treatment journey is unique and personalized. How long you need to engage in mental health services and how often you attend sessions will be influenced by many factors, including, but not limited to:
 - Your schedule and life circumstances
 - Your provider's availability
 - Ongoing life challenges
 - The nature of your specific challenges and how you address them
 - Personal finances

You and Beacon Psychology will continually assess the appropriate frequency of services and will work together to determine when you have met your goals and are ready for discharge and/or a new Good Faith Estimate will be issued should your frequency or needs change.

- *Your Financial Responsibility Summary*
 - The amount owed provided in the Good Faith Estimate is based on the total cost of attending weekly psychotherapy sessions for one year (52 weeks) without missing or skipping one session. In combination of the requirement that the form provide an exact estimate and an abundance of caution and transparency, this estimate is based on a high frequency of appointments (weekly). Your actual frequency could be more or less, depending on your unique mental health needs.

Good Faith Estimate: Additional Information Included

- *Where Services Will Be Delivered*
 - Beacon Psychology offers both in-person and virtual services to individuals physically located in the state of Virginia or any of the states covered through the Psychology Interjurisdictional Compact (PSYPACT; [States Covered](#)).
 - Depending on your preference, need, and health/ability, your services may take place over a HIPAA compliant telehealth platform or at our physical location:

675 Peter Jefferson Pkwy
Suite 130
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- *Provider Information*
 - National Provider Identifier: 1023372109
 - Employer Identification Number: 90-1258533

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- LCP# for Dr. Spencer Cruz-Katz: 0810005679

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.*
- *This 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 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 or call 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 800-985-3059. Keep a copy of this Good Faith Estimate in a safe place or take pictures of it. You may need it if you are billed a higher amount.*

Patient Signature:

Date: