

Deep Centered

MENTAL HEALTH



Deep Centered
PSYCHIATRY



Deep Eddy
THERAPY



DALLAS
COUNSELING
& TREATMENT CENTER

THE NO SURPRISES ACT STANDARD NOTICE AND CONSENT DOCUMENTS (OMB Control Number: 0938-1401)

SURPRISE BILLING PROTECTION FORM

The purpose of this document is to let you know about your protections from unexpected medical bills. It also asks whether you would like to give up those protections and pay more for out-of-network care. You're getting this notice because this provider or facility isn't in your health plan's network. This means the provider or facility doesn't have an agreement with your plan.

Getting care from this provider or facility could cost you more.

If your plan covers the item or service you're getting, federal law protects you from higher bills:

- When you get emergency care from out-of-network providers and facilities, or
- When an out-of-network provider treats you at an in-network hospital or ambulatory surgical center without your knowledge or consent.

Ask your healthcare provider or patient advocate if you need help knowing if these protections apply to you.

If you sign this form, you may pay more because:

- You are giving up your protections under the law.
- You may owe the full costs billed for items and services received.
- Your health plan might not count any of the amount you pay towards your deductible and out-of-pocket limit. Contact your health plan for more information.

You shouldn't sign this form if you didn't have a choice of providers when receiving care. For example, if a doctor was assigned to you with no opportunity to make a change.

Before deciding whether to sign this form, you can contact your health plan to find an in-network provider or facility. If there isn't one, your health plan might work out an agreement with this provider or facility, or another one. See the next page for your cost estimate.

Estimate of What You Could Pay

Patient name:

Out-of-network provider(s) or facility name(s): Deep Eddy Psychotherapy Management, LLC; Dallas Counseling & Treatment Center Management, LLC; and Deep Centered Psychiatry, PLLC (collectively doing business as Deep Centered Mental Health)

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. Please see the breakdown of possible fees on page four.

- ▶ **Review your detailed estimate.** See page four for a cost estimate for each item or service.
- ▶ **Call your health plan.** Your plan may have better information about how much of these services are reimbursable.
- ▶ **Questions about this notice and estimate?** Call 512-956-6463 or patientexp@deepcentered.com
- ▶ **Questions about your rights?** Contact the Secretary of State of Texas (<https://www.sos.state.tx.us/>).

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.

More information about your rights and protections

Visit

<https://www.cms.gov/files/document/model-disclosure-notice-patient-protections-against-surprise-billing-providers-facilities-health.pdf> for more information about your rights under federal law.

Take a picture and/or keep a copy of this form.

It contains important information about your rights and protections.

Deep Centered Mental Health
508 Deep Eddy Avenue, Austin, TX 78703
512-956-6463, patientexp@deepcentred.com
<https://deepcentered.com>

	Deep Eddy Psychotherapy Management, LLC	Dallas Counseling & Treatment Center Management, LLC	Deep Centered Psychiatry, PLLC
Federal Tax ID	47-2588760	47-1456488	93-3020444
Group NPI #	1457740862	1538577960	1629853825

More details about your estimate

Patient name:

Out-of-network provider(s) or facility name(s): Deep Eddy Psychotherapy Management, LLC; Dallas Counseling & Treatment Center Management, LLC; and Deep Centered Psychiatry, PLLC (collectively doing business as Deep Centered Mental Health)

The amount below is only an estimate; it isn't an offer or contract for services. This estimate shows the full estimated costs of the items or services listed. It doesn't include any information about what your health plan may cover. This means that **the final cost of services may be different than this estimate.**

Contact your health plan to find out how much, if any, your plan will pay and how much you may have to pay.

Please note - MA-level interns, students, and pre-licensed clinicians are not able to provide superbills.

GOOD FAITH ESTIMATE
2024
TABLE OF SERVICES AND FEES

Patient Name:

The following table includes the rates for the services provided at this practice. The total fee will depend on the number of sessions/services provided. For example, a year of weekly individual therapy 90834 with a MA-Intern may cost approximately \$9,360 in total. The patient and clinician will discuss the number of sessions needed, and the patient has the right to withdraw from services at any time.

Service code (CPT Code)	Description	Fee for Service (Number of Sessions Will Be Determined By Patient and Therapist)
90791	Initial Diagnostic Evaluation Practicum Student MA-Intern LPC/LCSW PhD/PsyD PhD/PsyD 10+	Based on Clinician Level: \$60 \$180 \$180 \$205 \$225-310
90792	Psychiatric Evaluation Psychiatrist Nurse Practitioner or Physician's Assistant	Based on Clinician Level: Adult \$545 Child \$545 Adult \$275 Child \$325
90834	Psychotherapy, 38-52 minutes Practicum Student MA-Intern LPC/LCSW PhD/PsyD PhD/PsyD 10+	Based on Clinician Level: \$60 \$180 \$180 \$205 \$225-310
90837	Psychotherapy ≥ 53 minutes Practicum Student MA-Intern LPC/LCSW	Based on Clinician Level: \$60 \$215 \$215

	PhD/PsyD PhD/PsyD 10+ <i>(NOTE: This fee is the standard hourly rate & used for all prorated calculations as indicated)</i>	\$250 \$280-410
99214	Psychiatric Session, 30-39 minutes (Including Medication Management) Psychiatrist Nurse Practitioner or Physician's Assistant	Based on Clinician Level: \$210 \$200
99214 with 90833 Add-on	Psychiatric Session, 30-39 minutes, and additional 30 minutes Psychotherapy Psychiatrist Nurse Practitioner or Physician's Assistant	Based on Clinician Level: \$350-\$420 \$250
90839	Psychotherapy for a Crisis (30-74 minutes)	\$175-\$250
90846	Family Psychotherapy without Patient Present, 50 minutes Practicum Student MA-Intern LPC/LCSW PhD/PsyD PhD/PsyD 10+	Based on Clinician Level: \$60 \$215 \$215 \$250 \$215-340
90847	Family Psychotherapy with Patient Present, 60 minutes Practicum Student MA-Intern LPC/LCSW PhD/PsyD PhD/PsyD 10+	Based on Clinician Level: \$60 \$215 \$215 \$250 \$295-410
90853	Group Psychotherapy Practicum Student MA-Intern	Based on Clinician Level: \$50 \$75

	LPC/LCSW PhD/PsyD PhD/PsyD 10+	\$75 \$75 \$75
96130-96133, 96136-96139	Psychological and Neuropsychological Testing PhD/PsyD	Based on Clinician Level: \$100-250 per unit
Materials Fee	Psychological and Neurological Testing Materials	\$75 per full assessment battery
90785	Interactive Complexity Add-on code to account for challenges and additional needs in-session (e.g., needing an interpreter, repeated disruptive behavior, etc.)	\$25
Coaching	Individual Coaching with a Life Coach	\$145-\$200
Classes	Attending a Class, Lecture, or Experience provided by the Practice	\$20-\$50 per unit
Cancelation Fee	This practice has a 2 Day Cancelation Fee , which you will be charged for canceling a session within 2 Days, not attending a scheduled appointment, or showing up too late to an appointment for full service to be provided	\$100 for all sessions with the exception of Group Therapy which is \$25
Intake Rescheduling Fee for Incomplete Forms	This practice requires all forms provided in the Patient Portal be completed a minimum of 24hrs prior to the intake appointment to avoid the clinician requiring the intake be rescheduled, which results in a rescheduling fee	\$100
Production of Records	Record production may incur additional prorated fees based on the time	Prorated based on hours of service provided

	required by the clinician outside of session	
Legal Fees	Your clinician may use prorated fees to bill for addressing legal issues, such as appearing in court	Prorated based on hours of service provided
Consultations and Other Services	Your clinician may use prorated fees to bill for time spent outside of session (e.g., a phone call with your child's school per your request)	Prorated based on hours of service provided
Total Estimate:	This Good Faith Estimate explains your clinician's rate for each service provided. Your clinician 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)/presenting clinical concerns.	
Please note that Place of Service (in office vs. telemental health) is not delineated above since the charges are identical.		