

ERIKA BARON, PSYD, HSP - P
Licensed Psychologist



Child, Adolescent, and Young Adult Neuropsychology
Adolescent and Adult Psychotherapy
5970 Fairview Road, Suite 412, Charlotte, NC 28210
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YOUR RIGHTS AND PROTECTIONS AGAINST SURPRISE MEDICAL BILLS
(OMB Control Number: 0938-1401) 1/1/2022

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

What is “balance billing” (sometimes called “surprise billing”)?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

“Out-of-network” describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called “balance billing.” This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

“Surprise billing” is an unexpected balance bill. This can happen when you can't control who is involved in your care - like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

You are Protected from Balance Billing for:

Emergency Services

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in-network cost-sharing amount (such as copayments and coinsurance). You **can't** be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balance billed for these post-stabilization services.

Additionally, North Carolina law protects patients from surprise medical bills for emergency services to the extent necessary to screen and to stabilize the patient when provided by an out-of-network provider.

Certain Services at an In-Network Hospital or Ambulatory Surgical Center

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers **can't** balance bill you and may **not** ask you to give up your protections not to be balance billed.

If you get other services at these in-network facilities, out-of-network providers can't balance bill you unless you give written consent and give up your protections.

You're never required to give up your protection from balance billing. You also aren't required to get care out-of-network. You can choose a provider or facility in your plan's network.

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Additionally, North Carolina law requires that patients pay only their in-network cost sharing amounts. This law applies to patients with coverage through insurance companies licensed by North Carolina, health maintenance organizations, service corporations, and multiple employer welfare arrangements.

When Balance Billing Isn't Allowed, You Also Have the Following Protections:

- You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.
- Your health plan generally must:
 - Cover emergency services without requiring you to get approval for services in advance (prior authorization).
 - Cover emergency services by out-of-network providers.
 - Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
 - Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

If you believe you've been wrongly billed, you may contact:

- 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 North Carolina Department of Insurance at 855-408-1212.

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

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Good Faith Estimate (GFE)

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

Under the law, healthcare providers need to give **patients who don’t have insurance or who are not using insurance** an estimate of the bill for medical items and services.

The estimate below is the range of costs that I think is likely for your care over the time period covered by this estimate. 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. Depending on how treatment progresses, more or fewer sessions may be needed.

Details of the Estimate

The following is a detailed list of expected charges for psychological services that may be provided to you as a client of Erika Baron, Psy.D., PLLC.

The estimated costs are valid for 12 months from the date of this Good Faith Estimate, unless I send you an updated Estimate.

Services	Service code	Cost per unit/hour
Initial Evaluation/Intake Session	90791	\$250 to \$350
Psychotherapy	90837 and/or 90834	\$ 225 to \$250
Family Psychotherapy	90846	\$ 225 to \$250
Psychological/Neuropsychological Testing	96116 96121 96130 96131 96132 96133 96136 96137	\$400 per hour Note: Comprehensive Evaluation cost (includes intake, testing and feedback) is typically \$3500
Feedback Session	96130	\$ 300 to \$350 per hour
Parenting/Coaching	*	\$225 to \$250 per hour
School Consultation	*	\$ 225 to \$400 per hour

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School Observation	*	\$400 per visit
Admissions Assessment	*	\$275 - \$350 per hour

* Not all services have applicable insurance codes

As an out-of-network provider, Erika Baron, Psy.D., PLLC does not accept insurance. All services must be paid for "out-of-pocket." A superbill will be provided, if requested, so that clients can attempt to submit to individual insurance companies for reimbursement, if they so choose. Reimbursement for assessment services varies greatly and payment or denial of payment is strictly between the client and their insurance company. This Good Faith Estimate is being provided, according to law, as required by the "No Surprises Act" H.R. 133

Psychologist providing services: Erika Baron, Psy.D., HSP-P

NPI number: 1679988703 EIN: 81-3535030

Address of office from which services will be provided:

5970 Fairview Rd
Suite 412
Charlotte, NC 28210

Disclaimer

This Good Faith Estimate shows the costs of services that are reasonably expected for the expected services to address your mental health care needs. The estimate is based on the information known at the time the estimate was created.

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.

If you are billed for \$400 more (per provider) than this Good Faith Estimate (GFE), you have the right to dispute the bill

You may contact the healthcare provider or facility at the contact listed above to let them know the billed charges are at least \$400 higher than the GFE. You can ask them to update the bill to match the GFE, 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.

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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 GFE. 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 HHS at (800) 368-1019.

For questions or more information about your right to a Good Faith Estimate or the dispute process, visit www.cms.gov/nosurprises or call HHS at (800) 368-1019.

This GFE is not a contract. It does not obligate you to accept the services listed above.

Keep a copy of this Good Faith Estimate (GFE) in a safe place or take pictures of it. You may need it if you are billed more than \$400 than the estimate provided above.

By signing this document, you acknowledge having received information about the No Surprises Act and a Good Faith Estimate from Erika Baron, Psy.D., PLLC.