The ***No Surprises Act of 2020*** went into effect January 1, 2022. This federal law mandates that health care providers notify certain patients in advance of billing charges that the patient should expect for specific services rendered. When a new patient schedules an appointment to see me, I explain at the time the appointment is scheduled what charge to expect, and now I also provide written notification. Charges for any recommended follow-up treatment are verbally explained at the time of scheduling the first follow-up visit, and now I also provide written notification. These requirements apply to self-pay and non-Medicare insured patients, regardless whether provided in person or via telehealth technologies. Below are descriptions (and CPT billing codes) for services I administer, and the charges associated with each specific service, as of January 1, 2022:

**Initial diagnostic evaluation, 1 hour (90792 or 90791) $350.00**

**Psychotherapy, with or without med mgmt, 25-30 min (90832) $150.00**

**Psychotherapy, with or without med mgmt, 45 min (90834) $240.00**

**Psychotherapy, with or without med mgmt, 50-60 min (90837) $300.00**

**Family/couples psychotherapy, 60 min (90847) $300.00**

**Problem-focused eval and med mgmt, ~15 min (99213) $115.00**

Since both Traditional Medicare+Supplement and Medicare Advantage Plans place limits on the amounts that can be collected by participating providers such as myself, providers are prohibited from collecting more than the Medicare allowable amounts. I include Medicare charges in this Notice for the sake of full disclosure. The payments I receive from Medicare are always substantially lower than the charged amounts. Also note that a single Medicare claim often includes multiple charges. For example, it is permissible and common for me to include charges for both an Evaluation and Management service plus an add-on Psychotherapy component. This may clarify why, for Medicare patients, *your Explanation of Benefits* document often includes two separate charges for the same visit. Typical Medicare services (CPT code in parentheses) and charges are noted below, as of January 1, 2022:

**New Patient Moderate Complexity, ~45 min (99204) $250.00**

**New Patient Comprehensive/High Complexity, ~60 min (99205) $300.00**

**Established patient, problem focused, ~20 min (99213) $115.00**

**Established patient, detailed, ~30 min (99214) $135.00**

**Established patient, complex, ~50 min (99215) $200.00**

**Psychotherapy add-on, 16-37 minutes (90833) $150.00**

**Psychotherapy add-on, 38-53 minutes (90834) $240.00**

**Psychotherapy add-on, 54-65 minutes (90838) $290.00**

For patient signature: I acknowledge receiving and understanding the information above:

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