



LIFESPAN THERAPY

828-222-4875

828-222-7110

info@lifespantherapytx.com

www.lifespantherapytx.com

Good Faith Estimate

Effective January 1, 2022, a ruling went into effect called the "No Surprises Act" which requires practitioners to provide a "Good Faith Estimate" about out-of-network care. The Good Faith Estimate works to show the cost of items and services that are reasonably expected for your health care needs for an item or service, a diagnosis, and a reason for therapy. The estimate is based on 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 and will be provided a new "Good Faith Estimate" should this occur. If this happens, federal law allows you to dispute (appeal) the bill if you and your therapist have not previously talked about the change and you have not been given an updated good faith estimate.

Under Section 2799B-6 of the Public Health Service Act (PHSA), health care providers and health care facilities are required to inform individuals who are not enrolled in a plan or coverage or a Federal health care program, or not seeking to file a claim with their plan or coverage both orally and in writing of their ability, upon request, or at the time of scheduling health care items and services to receive a "Good Faith Estimate" of expected charges.

Timeline requirements: Practitioners are required to provide a good faith estimate of expected charges for a scheduled or requested service, including items or services that are reasonably expected to be provided in conjunction with such scheduled or requested item or service." That estimate must be provided within specified timeframes:

- If the service is scheduled at least three business days before the appointment date, no later than one business day after the date of scheduling;
- If the service is scheduled at least 10 business days before the appointment date, no later than three business days after the date of scheduling; or
- If the uninsured or self-pay patient requests a good faith estimate (without scheduling the service), no later than three business days after the date of the request. A new good faith estimate must be provided, within the specified timeframes if the patient reschedules the requested item or service.

Lifespan Therapy recognizes every client's therapy journey is unique.

How long you need to engage in therapy and/or a maintenance program and how often you attend sessions will be influenced by many factors including:

- Your schedule and life circumstances
- Therapist availability
- Ongoing life challenges
- The nature of your specific challenges and how you address them
- Personal finances

You and your therapist will continually assess the appropriate frequency of therapy 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.

Where services will be delivered.

Lifespan Therapy offers in person and virtual platforms. All benefits quoted are the same no matter the location of where services are rendered.

Facility Information

4020 Hendersonville Rd. Suite E Fletcher, NC 28732

NPI: 1013679950

Tax ID: 87-2536317

Client Information:

Name:

DOB:

Services to be rendered:

92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual

92526 - Treatment of swallowing dysfunction and/or oral function for feeding

92606 - Therapeutic services for the use of non-speech-generating augmentation and alternative communication devices (used when the patient has the non-speech generating AAC and you are working on modifying or programming the device for the patient and appropriate use of the device for communication)

92609 - Therapeutic services for the use of speech-generating device (used for the in-person services used to adapt the speech generative device and to train the patient in its use)

Frequency of services:

_____ times per week/month

Therapy is an extremely personal experience tailored to the needs of the client and the presenting concerns. Due to the nature of this unpredictability and Lifespan Therapy's commitment to meeting and catering to the needs of every client individually, determining duration of treatment is ethically impossible. You and your therapist will continue to review progress and make personalized decisions regarding both the frequency and duration of treatment periodically. Per the D&C, you can decide at any time to terminate services. Due to this, all GFE's will be based on your current frequency over the course of a 12 month/52-week calendar year)

Personal Cost Estimation

Your current fee per session is \$75 for 30 minutes or \$130 for 45 minutes.

You are currently scheduling sessions _____ times per week/month.

Based on a 52-week calendar year, your total estimated cost of treatment will be \$_____, not including holidays, breaks, and other unpredictable fees/services disclosed above.