

Dear Valued Client,

In compliance with the No Surprises Act that went into effect on January 1, 2022, healthcare consumers who do not have insurance or who are not using their insurance have a right to receive a Good Faith Estimate for the total expected cost of any non-emergency medical items or services. The No Surprises Act also requires us to notify all healthcare consumers when services are rendered by a non-participating provider and provide options to receive care from an in-network provider if one is available. Please read the [Disclosure Notice Regarding Patient Protections](#) to better understand your rights.

Additionally, we are required to provide you with a Good Faith Estimate of the cost of services for the duration of treatment. It is difficult to determine the true length and nature of treatment for certain types of health care. Attached is our best estimate based on what is most typical at Intuition Wellness Center. **Please read and sign the Good Faith Estimate which follows.** This estimate is provided in an effort to be as transparent as possible about your potential financial investment in services at Intuition Wellness Center.

You may incur fees throughout your care at Intuition Wellness Center that are in addition to costs associated with direct services. These fees may occur due to the following (not an exhaustive list):

- Late cancellation/no show fee
- Medical records request
- Completion of documents (FMLA, disability, summary letters, etc)
- Consultation/Case Management (IEP meetings, coordination of care, etc)
- Subpoena & Court Orders (request to testify)

**For a complete list of fees, please see our online [Pricing Schedule](#).**

**Please take a photo and/or keep a copy of this document. It contains important information about your rights and protections.**

[Intuition Wellness Center](#)

5675 N Oracle Road, Suite 3101

Tucson, AZ 85704

EIN: 46-1623524

NPI: 1053657841



## GOOD FAITH ESTIMATE

### Counseling & Psychological Testing

Primary Diagnosis and Diagnostic Code: To be determined; fee per service will remain the same regardless of diagnosis.

#### **Counseling Clients (Independently Licensed Provider)**

<b>Service Code</b>	<b>Description</b>	<b>Frequency</b>	<b>Cost</b>	<b>Total</b>
90791	Diagnostic Intake	1-2x	\$200 per unit	\$200-\$400
90837	Individual Therapy	Weekly for 52 weeks	\$165 per 60min session	\$8,580
90846	Parent Support Sessions	Monthly for 10-12 months	\$165 per 60min session	\$1,650-1,980
	Consultation	1-10 hours	\$165 per 60min	\$165-\$1,650
	Case Management	1-10x	\$20.63 per 15min	\$20.63-\$206.30
Total Estimate:				\$10,615.63-\$12,816.30

\*See [Schedule of Fees](#) for additional costs of services.

#### **Counseling Clients (Supervised Therapist Seeking Licensure or Higher Licensure)**

<b>Service Code</b>	<b>Description</b>	<b>Frequency</b>	<b>Cost</b>	<b>Total</b>
90791	Diagnostic Intake	1-2x	\$150 per unit	\$150-\$300
90837	Individual Therapy	Weekly for 52 weeks	\$100 per 60min session	\$5,200



90846	Parent Support Sessions	Monthly for 10-12 months	\$100 per 60min session	\$1,000-\$1,200
	Consultation	1-10 hours	\$100 per 60min	\$100-\$1,000
	Case Management	1-10x	\$12.50 per 15min	\$12.50-\$120.50
Total Estimate:				\$6,462.50-\$7,820.50

\*See [Schedule of Fees](#) for additional costs of services.

### **Counseling Clients (Supervised Psychology Extern)**

<b>Service Code</b>	<b>Description</b>	<b>Frequency</b>	<b>Cost</b>	<b>Total</b>
90791	Diagnostic Intake	1-2x	\$100 per unit	\$100-\$200
90837	Individual Therapy	Weekly for 52 weeks	\$75 per 60min session	\$3,900
90846	Parent Support Sessions	Monthly for 10-12 months	\$75 per 60min session	\$750-\$900
	Consultation	1-10 hours	\$75 per 60min	\$75-\$750
	Case Management	1-10x	\$9.38 per 15min	\$9.38-\$93.80
Total Estimate:				\$4,834.38-\$5,843.80

\*See [Schedule of Fees](#) for additional costs of services.



### **Psychological Testing Clients (Independently Licensed Psychologist)**

<b>Service Code</b>	<b>Description</b>	<b>Frequency</b>	<b>Cost</b>	<b>Total</b>
90791	Diagnostic Intake	1-2x	\$200 per unit	\$200-\$400
96130, 96146, 96136/96137	Assessment Administration	4-6 hours	\$200 per 60min	\$800-\$1200
96130/96131	Scoring, Interpretation and Report Writing	2-6 hours	\$200 per 60min	\$400-\$1200
96130/96131	Feedback	1-2x	\$200 per unit	\$200-\$400
Total Estimate:				\$1600-\$3200

\*See [Schedule of Fees](#) for additional costs of services.

\*\*A \$500.00 retainer fee for psychological testing services is requested prior to client intake and additional assessment with the remaining balance due when results and a final report are received.

**Call your health plan.** If you have additional questions regarding your anticipated out-of-pocket costs or cost-sharing benefits, please contact your health insurance plan. Your plan may have better information about how much you will be asked to pay. You also can ask about what is covered under your plan and your provider options.

**Questions about this notice and estimate?** Call Intuition Wellness Center's Billing Department at (520) 419-4740 or email [contact@intuitionwellness.com](mailto:contact@intuitionwellness.com).

**More information about your rights and protections:** Visit <https://www.cms.gov/nosurprises> for more information about your rights under federal law. You can also contact the [Department of Health and Human Services](#) with questions.

**Understand your options.** You can also receive the items or services described in this notice from providers who are in-network with your health plan. Intuition Wellness will give you in-network referral information if possible.

**Following is a list of Intuition Wellness Providers, their NPI and insurance status:**



<b>Provider</b>	<b>BCBSAZ</b>	<b>Aetna</b>	<b>Any Other</b>
Monica Arriaga, LCSW Child & Family Therapist NPI: 1942948153	Out of Network	Out of Network	Out of Network
Brandy Baker, PsyD Clinical Psychologist NPI: 1609178250	In Network	In Network	Out of Network
Amy Cormode, LAC (Supervised) Child & Family Therapist NPI: 1013627876 +Supervisor: Brandy Baker, PsyD	Out of Network	Out of Network	Out of Network
Allison Fairchild, MA (Supervised) Fellow; Child & Family Therapist NPI: In process +Supervisor: Brandy Baker, PsyD	Out of Network	Out of Network	Out of Network
Heather Finn, LCSW Child & Family Therapist NPI: 1619143070	Out of Network	Out of Network	Out of Network
Sherrill Koogler, LCSW, RPT-S Child & Family Therapist NPI: 1487872727	In Network	In Network	Out of Network
Emery Mahoney, PhD, NCSP Psychologist NPI: 1619538816	Out of Network	Out of Network	Out of Network
Yoendry Torres, PsyD Clinical Psychologist NPI: 1588966022	In Network	In Network	Out of Network
Debby Urken, LMSW (Supervised) Child & Family Therapist NPI: 1245852672 +Supervisor: Sherrill Koogler, LCSW, RPT-S	Out of Network	Out of Network	Out of Network
Nadia Zanger, LMFT Child & Family Therapist NPI: 1841699899	In Network	In Network	Out of Network

**+Supervisor's Name & NPI:**  
**(required)**

Brandy Baker, PsyD  
NPI:1609178250

Sherrill Koogler, LCSW, RPT-S  
NPI:1487872727

N/A



Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**By signing, I give up my federal consumer protections and agree to pay more for out-of-network care. With my signature, I am saying that I agree to receive the items or services from (select all providers who apply):**

Monica Arriaga, LCSW	Counseling Clients (Independently Licensed Provider)
Brandy Baker, PsyD	Counseling Clients (Independently Licensed Provider)
Amy Cormode, LAC	Counseling Clients (Associate-Level Licensed Provider)
Allison Fairchild, MA	Counseling Clients (Supervised Fellow Provider)
Heather Finn, LCSW	Counseling Clients (Independently Licensed Provider)
Sherrill Koogler, LCSW, RPT-S	Counseling Clients (Independently Licensed Provider)
Emery Mahoney, PhD, NCSP	Testing Clients (Independently Licensed Psychologist)
Yoendry Torres, PsyD	Counseling Clients (Independently Licensed Provider)
Debby Urken, LMSW	Counseling Clients (Associate-Level Licensed Provider)
Nadia Zanger, LMFT	Counseling Clients (Independently Licensed Provider)

**With my signature, I acknowledge that I am consenting of my own free will and am not being coerced or pressured. I also understand that:**

- I am giving up some consumer billing protections under federal law.
- I may get a bill for the full charges for these items and services, or have to pay out-of-network cost-sharing under my health plan.
- I was given written notice on **(date received)** \_\_\_\_\_ explaining that my provider or facility is not in my health plan's network, the estimated cost of services, and what I may owe if I agree to be treated by this provider or facility.
- I received the notice either on paper or electronically, consistent with my choice.
- I fully and completely understand that some or all amounts I pay might not count toward my health plan's deductible or out-of-pocket limit.
- I can end this agreement by notifying the provider or facility in writing before getting services.

**IMPORTANT:** You **do not** have to sign this form. But if you do not sign, the provider(s) and Intuition Wellness might not be able to treat you. You can choose to receive care from a provider or facility in your health plan's network.

**I UNDERSTAND THAT MY TYPED NAME BELOW IN THE SIGNATURE LINE REPRESENTS MY ELECTRONIC SIGNATURE.**

\_\_\_\_\_  
Adult Client/Guardian Printed Name

\_\_\_\_\_  
Additional Guardian Printed Name

\_\_\_\_\_  
Signature of Adult Client /Guardian

\_\_\_\_\_  
Signature of Additional Guardian

\_\_\_\_\_  
Date/Time of Signature

\_\_\_\_\_  
Date/Time of Signature

