

Dear Valued Client,

In compliance with the No Surprises Act (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 Patron 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 healthcare. Attached is our best estimate based on what is most typical at Intuition Wellness Center. This estimate is provided in an effort to be as transparent as possible about your potential financial investment in services at Intuition Wellness Center. **Please review the Good Faith Estimate which follows and input requested information in the highlighted areas on page 6.**

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 lists):

- 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, refer to our online [Pricing Schedule](#).

This document includes important information about your rights and protections. Please keep a copy or take a photo for your records.

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 can also ask about what is covered under your plan and your provider options.

Questions about this notice and estimate? Call Intuition Wellness Center's Client Financial Specialist at 520-419-4740 or email contact@intuitionwellness.com.

More information about your rights and protections: Visit cms.gov/nosurprises for 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.

[Intuition Wellness Center](#)

3131 N Country Club Rd, Suite 207
Tucson, AZ 85715
EIN: 46-1623524
NPI: 1053657841

Good Faith Estimate Counseling & Psychological Testing

Clinical Team Member	Insurance Status	Fee Schedule
Brandy Baker, PsyD Clinical Psychologist NPI: 1609178250	In-Network BCBSAZ & Aetna	Section A pg. 3
Lauren Bruno, LMSW Child & Family Therapist *(Supervised; seeking higher licensure) NPI: 1225982572 *Supervisor: Brandy Baker, PsyD	Out-of-Network	Section B pg. 3
Allison Fairchild, PhD, Post-Doctoral Fellow Child & Family Therapist *(Supervised; seeking licensure) NPI: 1770266587 *Supervisors: Brandy Baker, PsyD (Counseling)/Emery Mahoney, PhD, NCSP (Testing)	Out-of-Network	Sections B & E pgs. 3 & 5
Heather Finn, LCSW Child & Family Therapist NPI: 1619143070	Out-of-Network	Section A pg. 3
Sherrill Koogler, LCSW, RPT-S Child & Family Therapist NPI: 1487872727	In-Network BCBSAZ & Aetna	Section A pg. 3
Emery Mahoney, PhD, NCSP Psychologist NPI: 1619538816	Out-of-Network	Section D pg. 4
Alec Mill, PsyD, Post-Doctoral Fellow Child & Family Therapist *(Supervised; seeking licensure) NPI: 1215476270 *Supervisors: Brandy Baker, PsyD (Counseling)/Emery Mahoney, PhD, NCSP (Testing)	Out-of-Network	Sections B & E pgs. 3 & 5
Marysol Olivarria Bojorquez, LMFT, Psychology Extern *(Supervised; seeking doctorate in School Psychology) NPI: 1386168763 *Supervisors: Brandy Baker, PsyD (Counseling)/Emery Mahoney, PhD, NCSP (Testing)	Out-of-Network	Sections C & F pgs. 4 & 5
Jennifer O'Neill, LPC, Psychology Intern Child & Family Therapist *(Supervised; seeking doctorate in Clinical Psychology) NPI: 1225391337 *Supervisors: Brandy Baker, PsyD (Counseling)/Emery Mahoney, PhD, NCSP (Testing)	Out-of-Network	Sections B & E pgs. 3 & 5
Yoendry Torres, PsyD Clinical Psychologist NPI: 1588966022	Out-of-Network	Section A pg. 3

Clinical Team Member	Insurance Status	Fee Schedule
Nadia Zanger, LMFT Child & Family Therapist NPI: 1841699899	Out-of-Network	Section A pg. 3

Primary Diagnosis/Diagnostic Code:

To be determined; for self pay clients, fee per service will remain the same regardless of diagnosis.

Fee Schedule A: Counseling Clients (Independently Licensed Clinician)

Service Code	Description	Frequency	Cost	Total
90791	Diagnostic Intake	1-2x	\$200 per unit	\$200-\$400
90837/90847	Individual/Couples/ Family Therapy	Weekly for 52 weeks	\$165 per 60min session	\$8,580
90846	Parent Support Session (only applies to caregivers of individual clients)	1x/month for 10-12 months	\$165 per 60min session	\$1,650-\$1,980 (only applies to caregivers of individual clients)
T1016	Case Management/ Consultation	1-10x	\$41.25 per 15min	\$41.25-\$412.50
			Total Estimate:	\$10,471.25-\$11,372.50

*See [Fee Schedule](#) for additional service costs.

Fee Schedule B: Counseling Clients (Supervised Post-Doctoral Fellow, Psychology Intern & Licensed Clinician Seeking Higher Licensure, i.e., LMSW)

Service Code	Description	Frequency	Cost	Total
90791	Diagnostic Intake	1-2x	\$150 per unit	\$150-\$300
90837/90847	Individual Therapy/ Parent Support Session	Weekly for 52 weeks	\$100 per 60min session	\$5,200
90846	Parent Support Session (only applies to caregivers of individual clients)	1x/month for 10-12 months	\$100 per 60min session	\$1,000-\$1,200 (only applies to caregivers of individual clients)
T1016	Case Management/ Consultation	1-10x	\$25 per 15min	\$25-\$250
			Total Estimate:	\$6,375.00-\$6,950.00

*See [Fee Schedule](#) for additional service costs.

Fee Schedule C: Counseling Clients (Supervised Psychology Extern)

Service Code	Description	Frequency	Cost	Total
90791	Diagnostic Intake	1-2x	\$100 per unit	\$100-\$200
90837/90847	Individual Therapy/ Parent Support Session	Weekly for 52 weeks	\$75 per 60min session	\$3,900
90846	Parent Support Session (only applies to caregivers of individual clients)	1x/month for 10-12 months	\$75 per 60min session	\$750-\$900
T1016	Case Management/ Consultation	1-10x	\$18.75 per 15min	\$18.75-\$187.50
			Total Estimate:	\$4,768.75-\$5,187.50

*See [Fee Schedule](#) for additional service costs.

Fee Schedule D: Psychological Testing Clients (Independently Licensed Psychologist)

Service	Description	Frequency	Cost	Total
90791	Diagnostic Intake	1-2x	\$200 per unit	\$200-\$400
96130/96131 96136/96137	Assessment Administration	4-6 hours	\$200 per 60min	\$800-\$1,200
96130/96131 96132/96133	Scoring, Interpretation & Report Writing	2-6 hours	\$200 per 60min	\$400-\$1,200
96130/96131	Feedback	1-2x	\$200 per 60min	\$200-\$400
			Total Estimate:	\$1,600-\$3,200**

*See [Fee Schedule](#) for additional service costs.

**The above testing estimate is based on a full and comprehensive battery of tests. Diagnostic Intake fee is due on day of service. A deposit of \$1400 is due on the date testing assessment begins. The remaining balance is due at the time of the feedback appointment when a final report and results are received. The deposit may be reduced in instances when a partial and/or limited assessment is recommended by the clinician.

Schedule E: Psychological Testing Clients (Supervised Psychology Post-Doctoral Fellow & Psychology Intern)

Service	Description	Frequency	Cost	Total
90791	Diagnostic Intake	1-2x	\$150 per unit	\$150-\$300
96130/96131 96138/96139	Assessment Administration	4-6 hours	\$150 per 60min	\$600-\$900
96130/96131 96138/96139	Scoring, Interpretation & Report Writing	2-6 hours	\$150 per 60min	\$300-\$900
96130/96131	Feedback	1-2x	\$150 per 60min	\$150-\$300
			Total Estimate:	\$1,200-\$2,400*

*See [Fee Schedule](#) for additional service costs.

**The above testing estimate is based on a full and comprehensive battery of tests. Diagnostic Intake fee is due on day of service. A deposit of \$1000 is due on the date testing assessment begins. The remaining balance is due at the time of the feedback appointment when a final report and results are received. In instances when a partial and/or limited assessment is recommended by the clinician, the deposit may be reduced.

Fee Schedule F: Psychological Testing Clients (Supervised Psychology Extern)

Service	Description	Frequency	Cost	Total
90791	Diagnostic Intake	1-2x	\$100 per unit	\$100-\$200
96130/96131 96138/96139	Assessment Administration	4-6 hours	\$100 per 60min	\$400-\$600
96130/96131 96138/96139	Scoring, Interpretation & Report Writing	2-6 hours	\$100 per 60min	\$200-\$600
96130/96131	Feedback	1-2x	\$100 per 60min	\$100-\$200
			Total Estimate:	\$800-\$1,600*

*See [Fee Schedule](#) for additional service costs.

**The above testing estimate is based on a full and comprehensive battery of tests. Diagnostic Intake fee is due on day of service. A deposit of \$700 is due on the date testing assessment begins. The remaining balance is due at the time of the feedback appointment when a final report and results are received. In instances when a partial and/or limited assessment is recommended by the clinician, the deposit may be reduced.

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: (Please refer to Counseling and Psychological Testing team member(s) listing on pages 2 and 3.)

Clinical Team Member Name(s):

*Supervisor's Name(s) & NPI:	Brandy Baker, PsyD NPI: 1609178250	Emery Mahoney, PhD, NCSP NPI: 1619538816	N/A
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Your signature(s) below acknowledges your understanding that you:

- are consenting of your own free will and are not being coerced or pressured;
- are giving up some consumer billing protections under federal law;
- may receive a bill for the full charges for these items and services, or have to pay out-of-network cost-sharing under your health plan;
- were **initially** given written notice via email or hard copy on _____, explaining that your clinician or facility **received date** is not in your health plan's network, the estimated cost of services, and what you may owe if you agree to be treated by this clinician(s) or facility;
- received the notice either on paper or electronically, consistent with your choice;
- fully and completely understand that some or all amounts you pay may not count toward your health plan's deductible or out-of-pocket limit; and,
- can end this agreement by notifying the clinician(s) or facility in writing before receiving services.

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

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

In the case of a minor, all parents/guardians are required to print name, sign, date with time and complete highlighted areas and applicable checkboxes on page 6 for receipt of Good Faith Estimate to be valid.

Relationship to Client: Self Parent Guardian

Relationship to Client: Parent Guardian

Client or Parent/Guardian Printed Name

Additional Parent/Guardian Printed Name

Client or Parent/Guardian Signature

Additional Parent/Guardian Signature

Date

Date

Time

Time