

Good Faith Estimate

Practice Information:

Hilary Sparrow, LPC LLC
Denver Psychotherapy Group
Tax ID: 82-4923000
Group NPI: 1609363027

The Good Faith Estimate outlines your federal rights to understand yearly costs of cash-pay and out of network services.

Licensed Clinical Professional Counselors:

Hilary Morris, LPC
Senior Level Therapist Level II

Graduate Professional Counselors:

Pre-Licensed Therapist – Level I

Common Diagnosis Codes: *Below are common diagnosis codes; however, the list is not exhaustive. With that said, diagnosis codes can change based on many factors.*

- Adjustment Disorder (F43.23)
- Social Anxiety Disorder (F40.10)
- Depression (F32.0-F33.3)
- Generalized Anxiety Disorder (F41.1)
- PTSD (F4310)

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

- Your schedule, availability, and life circumstances
- Therapist availability
- Ongoing life challenges (may increase or decrease frequency of sessions)
- The nature of your specific challenges and how you address them
- Personal finances

We continually assess the appropriate frequency of therapy and will work to determine when you have met your goals and are ready for discharge.

Client Diagnosis

As a therapy clinic, we must diagnosis clients for both ethical, legal, and insurance reasons. A diagnosis is required by the "No Surprises Act."

Providing a diagnosis prior to your initial intake evaluation is also unethical since a clinical psychiatric intake (CPT 90791) is required to ensure diagnostic clarity, provide appropriate differential diagnoses and confirm your condition is more psychiatric in nature.

**Your Good Faith Estimate diagnosis is based off the diagnostic code: Z13.30:
Encounter for screening for mental health diagnosis**

This diagnosis is only to satisfy the federal requirement for this form and is not a formal psychological diagnosis. A formal diagnosis occurs after an assessment has been completed.

Our practice is in network with the following companies:

- Pinnacol
- Department of Labor: OWCP
- AmTrust Financial
- Liberty Mutual
- CopperPoint Insurance
- Hanover Insurance Group

If you are seeing us through these payors, we will not balance bill you and your insurance company will cover services until we receive notice otherwise.

We also work with the following lien companies for medicolegal services:

- Marrick Medical
- Personicare
- MeritBridge
- Access Care
- Well States Healthcare
- MoveDocs
- Injury Finance

We are out of network with all other insurance companies. For clients wishing to see us on a cash-pay, out of network basis, we are required to provide this good faith estimate to our clients. Please note, for cash pay clients who are involved in medicolegal services, and require additional diagnostics and testing, our rates differ. Please see our forensic services fee schedule for forensic services (which differ from clinical services)

Your Financial Responsibility Summary

Good faith estimate: the amount you would owe if you were to attend therapy for 24 sessions in a year (weekly, without skipping any weeks for holidays, break, vacation, unplanned events/sickness, etc.). The "Good Faith Estimate" requires practitioners to provide an exact estimate and not a range. We see the majority of patients twice a month (24 times per



year, based on a 12 month year so rates below reflect 24 sessions per year. The length of time we see patients varies, and to comply with federal mandates, we have included yearly figures.

Cash pay rates listed below reflect time-of-service discount and are the most common codes we work with. Our billable rates to all insurance companies (workers' compensation, medicolegal services) are standard specialty clinic rates and are billed at 2.5x state of Colorado Medicare reimbursements. Rates are also influenced by Colorado Department of Labor and Employment, Rule 18 and can be found [here](#); The Colorado Department of Labor and Employment and The Federal Department of Labor have deemed our practice a "specialty clinic" since we provide psychological services and diagnostic assessments that meet state and federally outlines criteria on assessment and treatment of psychological conditions.

Services Provided by Senior Level Licensed Clinicians – Therapist II (Hilary Morris, LPC)

Service	Billing Code	Full Session Rate	Yearly Estimate based on 24 full session rates per year
Intake for individuals	90791	\$230	\$230 (only one intake is needed)
Biweekly Therapy – 30 minute sessions	90832	\$92.50	\$2220.00
Biweekly individual therapy – 53+ minute session	90837	\$185	\$4440.00

Services Provided by Graduate pre-licensed professional clinician Therapist Level I – or Licensed Professional Counselor Candidate

Service	Billing Code	Provider Charge	Yearly Estimate based on 24 sessions per year
Intake	90791	\$150	\$150.00
Weekly Individual Therapy 53+ minutes	90837	\$125	\$3000.00
Individual Therapy 16-37 minutes	90832	\$62.50	\$1500.00



Disclosures

This Good Faith Estimate shows the costs of items and services that are reasonable and expected for your health care needs for an item or service. 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. If this happens, federal law allows you to dispute (appeal) the bill.
- The Good Faith Estimate does not include services not provided by your provider that you may need and that your provider may recommend. For instance, the Good Faith Estimate does not include the cost of seeking medication for mental health.
- The Good Faith Estimate is an estimate for services only and does not include other fees, such as fees for cancelling less than 24 hours in advance. These fees are outlined in the informed consent that is signed before the start of therapy services and that you have control over.
- This Good Faith Estimate is not a contract and does not obligate you to receive the services listed nor does it obligate you to receive the services listed by this provider.
- If you are billed for more than this Good Faith Estimate, you have the right to dispute the bill.
- You may contact the health care provider or facility listed to let them know the billed charges are higher than the Good Faith Estimate. You can ask them to update the bill to match the Good Faith Estimate, 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.
- 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 Good Faith Estimate. 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 800-985-3059. For questions or more information about your right to a Good Faith Estimate or the dispute process, visit www.cms.gov/nosurprises or call 800-985-3059.