



Office of Beth Sikora, PhD

Copy of No Surprises Act 3

No Surprises Act

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This document is provided to meet the requirements for the “Good Faith Estimate” information that clients now need to receive at the beginning of clinical treatment.

Today's Date:

Estimated Type and Fees of Services Provided*:

90791, Initial Evaluation [Initial Session Only]: \$200.00

90837, Individual Counseling, Teletherapy or in-person [All Sessions 53 to 60 minutes]: \$185.00

90834, Individual Counseling, Teletherapy or in-person [Follow up Sessions 38 to 52 minutes]: \$150

90832, Individual Counseling, Teletherapy or in-person [Follow up Sessions 16 to 37 minutes]: \$135

90847, Family Psychotherapy, teletherapy or in-person [All Sessions Thereafter]: \$200.00

90853, Group Therapy, teletherapy or in-person [All Sessions]: \$60

90839, Individual In Crisis Counseling, Teletherapy or in-person [Sessions 53 minutes to 60min]: \$185

90840, Individual In Crisis Counseling, Teletherapy or in-person, [add on to session 1-30 minute increments]: \$95.00

Additional time spent due to client in crisis, calls between sessions, consultation, coordination of services, are billed at the individual sessions rate of \$185. This fee is broken into 15-minute increments and billed accordingly for time spent. In the event of crisis, different CPT codes may be used than are outlined here as required for proper billing procedures.

A single copy of your records will be shared with you at no cost. If copies are requested by others on your behalf, a charge of \$35 per hour will be incurred.

Workshops may be offered from time-to-time and participation is entirely your choice. Fees for such will be clearly indicated prior to registration.

All cancellations made with less than 24 hours notice and no shows will be charged a fee of \$185.

For those involved in legal cases: report writing, consulting with attorneys, and other points of contact regarding legal matters will be billed in 15 minute increments at a charge of \$275/hour. Testimony and depositions are billed at \$400/hour and require a deposit of \$1750. For more details, please refer to our Legal Fee Policy.

As it is impossible to know exactly how long services will be needed, we cannot provide that estimate. Mental health services are based on need, your agreement to services suggested, and your financial situation. Please be aware that we are always open to discussing this with you and, as our treatment plan and informed consent outline, you always have the right to ask about services and agree to or decline services recommended. We prefer to collaborate and work with you to find agreeable and affordable ways for you to receive care.

DISCLAIMER: These estimates may change as the treatment progresses and are not a guarantee of treatment frequency, length, or cost. Some of the above services may be included over the course of your treatment, some may not. These will be discussed with you at the time of care. Superbills and/or receipt of services will always be provided to the client upon request at no additional fee. We provide superbills on a monthly or bi-monthly basis based on request only.

*Estimated Length of Services Provided: As determined by the patient and the counselor due to clinical necessity.

Your signature on this form does not require you to receive psychotherapy services.

Please sign your name by typing it below in acknowledgement of our fee structure.: