Tinamarie Fish/Magnolia Behavioral and Holistic Health- Good Faith Estimate for Health Care Items and Services

YOU HAVE THE RIGHT TO RECEIVE A "GOOD FAITH ESTIMATE" EXPLAINING HOW MUCH YOUR MEDICAL CARE WILL COST

Under the law health care providers need to give patients who don't have insurance or who are not using insurance an estimate of the bill for medical items and services. You have the right to receive a Good Faith Estimate for the total expected cost of any non- emergency items or services. This includes related costs like medical tests, prescription drugs, equipment and hospital fees. Make sure your health care provider gives your a Good Faith Estimate in writing at least one (1) business day before your medical service or item. You can also ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule an item or service. If you receive a bill that is at least $400 more than your Good Faith Estimate, you can dispute the bill. Make sure to save a copy of picture of your Good Faith Estimate. For questions or more information about your right to a Good Faith Estimate, visit www.cms.go/no-surprises.

Insurance Opt-out/Acknowledgement of No Insurance: By eSigning this section, I acknowledge I don't have insurance/I am opting out of using my insurance. *My electronic signature has the full force and effect of a signature affixed by hand to a paper document.

Client:

Magnolia Behavioral And Holistic Health, PPLC

The following is a detailed list of expected charges. The estimated costs are valid for 12 months from date of the Good Faith Estimate. Provider Estimates - *Maximum does not include late cancelation/no show fees, crisis sessions, non-therapeutic charges e.g. documentation fees, banking fees, court/litigation fees, anger management, life skill services, or other financial arrangements based on a case-by-case basis. See 'Practice Policies, Disclosure, and Financial Responsibility' for complete details regarding this fee schedule.

Psychotherapy: 90791 ~ Intake Session - Individual, 50 minutes - $212.75
90791 ~ Intake Session - Couples/Families 50 Minutes - $212.75
90832 ~ Individual Psychotherapy, 30 Minutes - $106.38
90834 ~ Individual Psychotherapy, 45 minutes - $159.56
90837 ~ Individual Psychotherapy, 60 minutes - $212.75
90839 ~ Psychotherapy Crisis, 60 minutes - $212.75
90840 ~ Additional Psychotherapy Crisis, 30 minutes - $125.00
90846 ~ Family Psychotherapy, conjoint psychotherapy w/o patient present 50 minutes - $212.75
90847 ~ Family Psychotherapy, conjoint psychotherapy w/ patient present 50 minutes - $212.75
90853 ~ Group Therapy, 80 minutes - $100.00
Non-Therapeutic/Other Fees: Charge Backs - $30.00
Non-sufficient funds (NSF) - $30.00
Documentation Fee - $30.00

Additional Services:
Court/Litigation: Retainer for court services due IN ADVANCE - $1500.00
Communications (phone, text/SMS, email, written letters, etc.) - $250.00 per hour
Preparation (including submission of records, cancellation of clients, etc.) - $250.00 per hour
In-court appearance (including wait time/standby) - $250.00 per hour
Deposition/testimony - $250.00 per hour Travel & Mileage - $250.00 per hour plus $0.56 per mile
Court filing - $100.00 plus associated fees Express service (Less than 72 business hours) - $250.00

Reset fee (Less than 72 business hours) - $500.00

MBHH, PPLC estimated total psychotherapy intake fee*: Individual Intake Session Fee: $212.75 Couple/Family Intake Session Fee: $212.75
MBHH estimated total for weekly/bi-weekly/monthly psychotherapy sessions*:
Individual Weekly Session Fee: $212.75
Couple/Family Weekly Session Fee: $212.75
Total estimated psychotherapy cost*:
Individual Annual Session Fee: Maximum $11,275.75* (based on 52weeks x $212.75+$212.75 = $11,275.75) Couple/Family Annual Session Fee: Maximum $11,275.75* (based on 52weeks x $212.75+212.75 = $11,275.75)

By eSigning this section, I acknowledge I have read and understood the fee schedule. *My electronic signature has the full force and effect of a signature affixed by hand to a paper document.

Client:

LENGTH OF SERVICES

Psychotherapy services can range from two days, to two months, to a year or more. The length of time you will need to be in therapy is based on your therapeutic goals, your overall wants and needs, and any psychosocial/financial barriers that may arise. With this being said, communication is key to any healthy relationship. Should a financial hardship occur, you are encourage to discuss your situation with your therapist to determine the best resolution as it pertains to your continuity of care and the therapeutic relationship. Should more time be required to met your therapeutic goals, your therapist will discuss with you your options with you at which time a new Good Faith Estimate will be created, your therapeutic services will end, or you are referred to another provider. The above listed total estimated psychotherapy cost is based on a 52 week structure at the individual rate of $212.75 per one session a week and intake fee of $212.75 equating to $11,275.75; and the couples/families rate of $212.75 per one session a week and intake fee of $212.75 equating to $11,275.75. These totals DO NOT account for no show/late cancelation fees, bank charges, crisis sessions, non-therapeutic charges e.g. documentation fees, banking fees, court/litigation fees, anger management, life skill services, or other financial arrangements based on a case-by-case basis. You are encouraged to carefully read the 'Practice Policies, Disclosure, and Financial Responsibility' for complete details regarding fee schedule.

By eSigning this section, I acknowledge I have read and understood the Length of Service statement. My electronic signature has the full force and effect of a signature affixed by hand to a paper document.

Client:

DISCLAMER

This Good Faith Estimate shows the costs of items and services that are reasonably 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.

Client:

PROVIDER ESTIMATE

Please review the 'Practice Policies, Disclosure, and Financial Responsibility' for the complete details regarding MBHH fee schedule. *Maximum DOES NOT account for no show/late cancelation fees, bank charges, crisis sessions, non-therapeutic charges e.g. documentation fees, banking fees, court/litigation fees, anger management, life skill services, or other financial arrangements based on a case-by-case basis.

Provider Name: Tinamarie Fish LMHC, LPC
Provider/Facility Type: Outpatient
Mailing Address: PO Box 826
City: Ridgefield
State: Washington
Zip code: 98642
Contact person: Tinamarie Fish LMHC, LPC
Phone: 360-773-8964
Email: MagnoliaBehavioralHH@gmail.com
National Provider Identifier (NPI): 1598007148
(Personal) Taxpayer Identification Number (TIN): 833813942

DETAILS OF SERVICES AND ITEMS FOR Magnolia Behavioral and Holistic Health, PPLC
Service: Psychotherapy
Address where service will be provided: Telehealth

Telehealth Diagnosis code: 02/10
Service code(s):
90832 Individual Psychotherapy 30 minutes - $106.37 (Pending need)
90846 Family Psychotherapy, conjoint psychotherapy w/o patient present 50 minutes - $212.75
90847 Family Psychotherapy, conjoint psychotherapy w/ patient present 50 minutes - $212.75
Quantity (MONTHLY): 1 intake session @$212.75 = $212.75 X 12 - 30 minute sessions (1 session x 1 month x 12 months) @ $106.38= $1,276.50 (PENDING NEED) 12 - 50 minutes sessions (1 session x 1 month x 12 months) @ $212.75 = $2,553.00
Expected Monthly cost: $2,553.00
Quantity (BIWEEKLY): 1 intake session @$221.00 = $221.00
12 - 30 minute sessions (1 session x 26 weeks) @ $106.38 = $1,276.50 (PENDING NEED)
12 - 50 minutes sessions (1 session x 26 weeks) @ $159.56 = $1,914.72
Biweekly cost: $5,531.50
Quantity (WEEKLY): 1 intake session @$212.75 = $212.75
12 - 30 minute sessions (1 session x 52 weeks) @ $106.38 = $5531.50 (PENDING NEED)
12 - 50 minutes sessions (1 session x 52 weeks) @ $159.56 = $ 8,297.12
Expected Weekly cost: $11,063.00
*Maximum does not include late cancelation/no show fees, crisis sessions, non-therapeutic charges e.g. documentation fees, banking fees, court/litigation fees, anger management, life skill services, or other financial arrangements based on a case-by-case basis.
**THIS ESTIMATE DOES NOT TAKE IN ACCOUNT FOR SLIDING FEE BENEFITS AS THOSE BENEFITS ARE BASED ON CLIENTS INCOME AND FALL UNDER "OTHER FINANCIAL ARRANGEMENTS".
ESTIMATE IS BASED ON FEES QUOTED AT TIME OF INITIAL CONTACT AND CONFIRMED IN CONSULTATION APPOINTMENT.

By eSigning this section, I acknowledge I have read and understood the provider estimate(s).
*My electronic signature has the full force and effect of a signature affixed by hand to a paper document.

Client:

CLIENT INFORMATION

Client Name (Legal and Chosen if applicable):

Client Email:

Client Phone Number:

Client Diagnosis: I understand and acknowledge that a diagnosis is required for the completion of this form. I understand and acknowledge MBHH, PPLC has chosen not to disclose my provisional/current diagnosis(s) on this form to meet HIPAA guidelines. I acknowledge I my provisional/current diagnosis has been discussed with me and my diagnosis(s) serves as a guiding tool for treatment purposes . *By checking 'Yes' or 'No' equates to my electronic signature and has the full force and effect of a signature affixed by hand to a paper document.

The date in which this Good Faith Estimate takes effect is: TODAY'S DATE in 2025.
These estimated costs are valid for 12 months from the above date and are set to expire TODAY'S DATE, 2026.