

COLLECTIVE HEALING, PLLC
13 JENKINS COURT, SUITE 246
DURHAM, NH 03824

FINANCIAL POLICIES AND AGREEMENTS

Effective December 1, 2025

GENERAL

The client's charge will be established at the onset of treatment and will be understood as the financial agreement. Payment is due at the time of service. Failure to pay fees/balances can result in the termination of therapy services.

MANAGED CARE AND INSURANCE REIMBURSEMENT

As of December 1, 2025, I am paneled with Anthem Blue Cross and Blue Shield New Hampshire, Cigna, Quest Behavioral Health, Aetna, Carelon Behavioral Health, Point32 Healthcare, Anthem EAP, Independence Blue Cross Pennsylvania, and Horizon Blue Cross and Blue Shield of New Jersey. I am happy to provide you with a superbill, or comprehensive invoice, to provide to your insurance provider for reimbursement.

PAYMENT AND COLLECTIONS

Prior to beginning services, Collective Healing, PLLC will obtain a credit or debit card to keep on file throughout the course of treatment. This care number will be kept in the secure, electronic health records (EHR) system. By signing this consent, you are agreeing to the storage of your card information on file and the automatic billing of your card for each service provided. You are expected to pay for each session at the time it is held, unless we agree, in writing, to other arrangements. Depending on the client's particular situation and circumstances, the charge may be paid for by the client or a second party payer, such as a parent or guardian. With parents who are separated, one parent will be designated at the payee to the account. Split billing/payment is not offered at this time.

GOOD FAITH ESTIMATE (GFE)

In compliance with the No Surprises Act that went into effect January 1, 2022, all healthcare providers are required to notify clients of their Federal rights and protections against potential "surprise billing."

This Act requires that I notify you of your federally protected rights to receive a notification when services are rendered by an out-of-network provider, if a client is uninsured, or if a client elects not to use their insurance. The Good Faith Estimate works to show the cost of items and services that are reasonably expected for your mental 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 are entitled to receive this “Good Faith Estimate” of what the charges could be for therapy services provided to you. While it is not possible for a therapist to know, in advance, how many therapy sessions may be necessary or appropriate for a given person upon the initiation of psychotherapy, this form provides an estimate of the cost of services provided. Your total cost of services will depend upon the number of therapy sessions you attend, your individual circumstances, and the type and amount of services that are provided to you. This estimate is not a contract and does not obligate you to obtain any services from the provider(s) listed, nor does it include any services rendered to you that are not identified here.

This Good Faith Estimate is not intended to serve as a recommendation for treatment or a prediction that you may need to attend a specified number of therapy visits. The number of visits that are appropriate in your case, and the estimated cost for those services, depends on your needs and what you agree to in consultation with your therapist. You are entitled to disagree with any recommendations made to you concerning your treatment and you may discontinue treatment at any time.

Collective Healing, PLLC, recognizes that every client’s therapy journey is unique. How long you need to engage in therapy and how often you attend sessions will be influenced by many factors, including:

- Your schedule and life circumstances
- Therapist availability
- Ongoing life challenges
- The nature of your specific challenges and how you address them
- Personal finances and resources

You and your therapist will regularly assess the appropriate frequency of therapy and will work together to determine when you have met your goals and are ready for discharge and/ or a new “Good Faith Estimate” will be issued should the frequency of session(s) or needs change. As related, you may request a new GFE at any time in writing during your treatment. Therefore, if services are rendered by an out-of-network provider, if a client is uninsured, or if a client elects not to use their insurance then you will be given a Good Faith Estimate.

My self-pay therapy fee is \$130 per session, whether individual or family. If you have an appointment once per week for 52 weeks, then your estimated out-of-pocket cost for one calendar year is \$6,760.00.

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, and your bill is \$400 or more for any provider or facility than your Good Faith Estimate for that provider or facility, federal law allows you 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. If you dispute your bill, the provider or facility cannot move the bill for the disputed item or service into collection or threaten to do so, or if the bill has already moved into collection, the provider or facility has to cease collection efforts. The provider or facility must also suspend the accrual of any late fees on unpaid bill amounts until after the dispute resolution process has concluded. The provider or facility cannot take or threaten to take any retributive action against you for disputing your bill.

There is a \$25 fee to use the dispute process. If the Selected Dispute Resolution (SDR) entity reviewing your dispute agrees with you, you will have to pay the price on this Good Faith Estimate, reduced by the \$25 fee. If the SDR entity 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/consumers or call 1-800-985-3059. For questions or more information about your right to a Good Faith Estimate or the dispute process, visit www.cms.gov/nosurprises/consumers, email FederalPPDRQuestions@cms.hhs.gov, or call 1-800-985-3059.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

NAME (PRINTED) _____ RELATIONSHIP TO CLIENT_____

NAME (SIGNED) _____ DATE _____

Please initial one of the following:

I have received a copy of this Financial Policy Agreement
 I have waived my right to retain a copy of this Financial Policy Agreement at this time, with the understanding that I will be provided with a copy upon verbal request.