

Melanie Stone PhD

70 E. 91st St. Suite 201 Indianapolis IN 46204
317-566-2810 drstone@stonephd.com stonephd.com

Date: January 1, 2022

To: Clients entering into, or continuing treatment with Dr. Melanie Stone

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

This Act requires that we 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.

Additionally, we are required to provide you with a Good Faith Estimate of the cost of services. It is difficult to determine the true length of]treatment for mental health care, and each client has a right to decide how long they would like to participate in mental health care. Therefore, you will be given a fee schedule for the services typically offered by your therapist, and we will collaborate with you on a regular basis to determine how many sessions you may need.

It is a Federal requirement that we have each client sign this form to begin/resume treatment. Please sign and date before your next appointment and return the signed document before your next appointment. If you have any questions, please don't hesitate to ask.

Thank you very much,

Melanie Stone PhD
Licensed Psychologist

GOOD FAITH ESTIMATE
TABLE OF SERVICES AND FEES

Client: _____

Service code (CPT Code)	Description	Fee for Service (Number of Sessions Will Be Determined as We Progress)
90832	Psychotherapy, 30 minutes	\$114
90834	Psychotherapy, 45 minutes	\$170
90837	Psychotherapy, 60 minutes	\$227
90846	Conjoint or Family Psychotherapy without Patient Present, 45 minutes	\$170
90847	Conjoint or Family Psychotherapy with Patient Present, 45 minutes	\$170
98966-98968	Telephone Assessment & Management	Prorated based on the amount of time spent at hourly rate
Cancellation Fee	Dr. Stone Requires a 24-Hour Cancellation Fee	*You are Responsible for the Fee of the Appointment Missed
Production of Records		Prorated based on the amount of time spent at hourly rate
Legal Fees		Prorated based on the amount of time spent at hourly rate
Total Estimate:	This Good Faith Estimate explains your therapist's rate for each service provided. Your therapist will collaborate with you throughout your treatment to determine how many sessions you may need to receive the greatest benefit based on your diagnosis and presenting clinical concerns.	

GOOD FAITH ESTIMATE SIGNATURE PAGE

Your signature below indicates that your provider has gone over this Good Faith Estimate with you, and any questions or concerns have been addressed.

Patient's signature

Guardian/authorized representative's signature

Print name of patient

Print name of Guardian/authorized representative

Date

Date