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YOUR RIGHTS AND PROTECTIONS AGAINST SURPRISE MEDICAL BILLS

(OMB Control Number: 0938-1401)

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

What is "balance billing" (sometimes called "surprise billing")?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

"Out-of-network" describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called "**balance billing**." This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care - like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

You are protected from balance billing for:

Emergency services

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in-network cost-sharing amount (such as copayments and coinsurance). You **can't** be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balance billed for these post-stabilization services.

Certain services at an in-network hospital or ambulatory surgical center

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology,

laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers **can't** balance bill you and may **not** ask you to give up your protections not to be balance billed.

If you get other services at these in-network facilities, out-of-network providers **can't** balance bill you unless you give written consent and give up your protections.

You're never required to give up your protection from balance billing. You also aren't required to get care out-of-network. You can choose a provider or facility in your plan's network.

When balance billing isn't allowed, you also have the following protections:

- You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.
- Your health plan generally must:
 - Cover emergency services without requiring you to get approval for services in advance (prior authorization).
 - Cover emergency services by out-of-network providers.
 - Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
 - Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

If you believe you've been wrongly billed, you may contact:

(1) Greg Seymour, owner of Elbow Tree Christian Counseling, LLC by calling (423) 517-7070 or emailing greg@elbowtree.com

(2) The Tennessee Board of Health: The Health Care Complaint Portal allows consumers to file a complaint with the appropriate state agency. You will be asked a series of questions to help identify the nature of your complaint. After you have answered all of the questions, you will see a summary page with instructions on how to file your complaint.

Visit <https://www.tn.gov/health/health-program-areas/health-professional-boards/report-a-concern.html>

Elbow Tree Christian Counseling LLC - Christian Counselor Cooperative LLC
3069 Broad Street, Suite 7D - 1307 Hixson Pk
423.517.7070 - 423.328.8783

2022 Table of Services and Fees (Licensed Clinicians)

CLIENT NAME: _____

Date of Service (If Known)	Service Code (CPT Code)	Description	Fee for Service (Number of Sessions Will Be Determined as We Progress)
	90791	Initial Diagnostic Evaluation, 50 minutes	\$125.00
	90834	Psychotherapy, 38-52 minutes	\$125.00
	90837	Psychotherapy, > 52 minutes (This fee is my hourly rate & is used for all prorated calculations as indicated.)	\$2.50 / minute
	90846	Family Psychotherapy without Patient Present, 50 minutes	\$125.00
	90847	Family Psychotherapy with Patient Present, 50 minutes	\$125.00
	98966-98968	Telephone Assessment & Mgmt.	\$2.50 / minute
	98970-98972	Online Digital Evaluation & Mgmt. (Responding to Email & Text Messages)	One (1) email counseling exchange, including one (1) follow-up exchange - \$62.50
	Cancelation Fee	Your Therapist Requires a 24-Hour Cancelation Notice	You are Responsible for the Full Fee of the Missed Appointment - \$125.00
	Production of Records	Copying, Collating, Notarizing, Mailing	\$50.00 / Request
	Legal Engagement Fees	Phone Consults, Letters, Travel Time, Attendance at Court, etc. A minimum prepaid fee of eight (8) hours will be required per day to appear at court.	Prepaid \$250.00 / Hour
	Returned Checks		\$25.00 / Check
	All card charges	Debit cards, Credit cards, HSA cards used as payment for fees	\$3.00 / Transaction / Hour
	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 and /or services you may need to receive the greatest benefit based on your diagnosis(es)/presenting clinical concerns.	
Please note that Place of Service (in office vs. tele-mental health) is not delineated above since the charges are identical.			

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2022 Table of Services and Fees (Pre-Licensed Clinicians)

CLIENT NAME: _____

Date of Service (If Known)	Service Code (CPT Code)	Description	Fee for Service (Number of Sessions Will Be Determined as We Progress)
	90791	Initial Diagnostic Evaluation, 50 minutes	\$100.00
	90834	Psychotherapy, 38-52 minutes	\$100.00
	90837	Psychotherapy, > 52 minutes (This fee is my hourly rate & is used for all prorated calculations as indicated.)	\$2.00 / minute
	90846	Family Psychotherapy without Patient Present, 50 minutes	\$100.00
	90847	Family Psychotherapy with Patient Present, 50 minutes	\$100.00
	98966-98968	Telephone Assessment & Mgmt.	\$2.00 / minute
	98970-98972	Online Digital Evaluation & Mgmt. (Responding to Email & Text Messages)	One (1) email counseling exchange, including one (1) follow-up exchange - \$50
	Cancellation Fee	Your Therapist Requires a 24-Hour Cancellation Notice	You are Responsible for the Full Fee of the Missed Appointment - \$100
	Production of Records	Copying, Collating, Notarizing, Mailing	\$50.00 / Request
	Legal Engagement Fees	Phone Consults, Letters, Travel Time, Attendance at Court, etc. A minimum prepaid fee of eight (8) hours will be required per day to appear at court.	Prepaid \$250.00 / Hour
	Returned Checks		\$25.00 / Check
	All card charges	Debit cards, Credit cards, HSA cards used as payment for fees	\$3.00 / Transaction / Hour
	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 and /or services you may need to receive the greatest benefit based on your diagnosis(es)/presenting clinical concerns.	
Please note that Place of Service (in office vs. tele-mental health) is not delineated above since the charges are identical.			

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2022 Table of Services and Fees (Graduate Interns)

CLIENT NAME: _____

Date of Service (If Known)	Service Code (CPT Code)	Description	Fee for Service (Number of Sessions Will Be Determined as We Progress)
	90791	Initial Diagnostic Evaluation, 50 minutes	\$50 (\$25 for college students)
	90834	Psychotherapy, 38-52 minutes	\$50 (\$25 for college students)
	90837	Psychotherapy, > 52 minutes (This fee is my hourly rate & is used for all prorated calculations as indicated.)	\$1.00 / minute
	90846	Family Psychotherapy without Patient Present, 50 minutes	\$50 (\$25 for college students)
	90847	Family Psychotherapy with Patient Present, 50 minutes	\$50 (\$25 for college students)
	98966-98968	Telephone Assessment & Mgmt.	\$1.00 / minute
	98970-98972	Online Digital Evaluation & Mgmt. (Responding to Email & Text Messages)	One (1) email counseling exchange, including one (1) follow-up exchange - \$25
	Cancelation Fee	Your Therapist Requires a 24-Hour Cancelation Notice	You are Responsible for the Full Fee of the Missed Appointment - \$50 / \$25
	Production of Records	Copying, Collating, Notarizing, Mailing	\$25 / Request
	Legal Engagement Fees	Phone Consults, Letters, Travel Time, Attendance at Court, etc.	As a Graduate Intern, I am not permitted by my graduate program to engage in these.
	Returned Checks		\$25.00 / Check
	All card charges	Debit cards, Credit cards, HSA cards used as payment for fees	\$3.00 / Transaction / Hour
	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 and /or services you may need to receive the greatest benefit based on your diagnosis(es)/presenting clinical concerns.	
Please note that Place of Service (in office vs. tele-mental health) is not delineated above since the charges are identical.			

Elbow Tree Counseling and Neurofeedback, LLC
1307 Hixson Pk.
423.517.7070 - www.elbowtree.com

2022 Table of Services and Fees

CLIENT NAME: _____

Date of Service (If Known)	Service Code (CPT Code)	Description	Fee for Service (Number of Sessions Will Be Determined as We Progress)
	90901	Biofeedback Session - by any modality	\$175 / session
		qEEG Brain Mapping Session	\$175 / session
		Pre-training Report of Findings (ROF)	\$175 / session
		Post-training Report of Findings. (ROF)	\$175 / session
		Level 1 Bundle @ 20% Discount	\$3,500 / total
		Level 2 Bundle @ 30% Discount	\$3,150 / total
		Level 3 Bundle @ 40% Discount	\$2,800 / total
		Level 4 Bundle @ 50% Discount	\$2,450 / total
	98966-98968	Telephone Assessment & Mgnt.	\$2.50 / minute
	Production of Records	Copying, Collating, Notarizing, Mailing	\$25 / Request
	Legal Engagement Fees	Phone Consults, Letters, Travel Time, Attendance at Court, etc.	Prepaid \$250.00 / Hour
	Cancellation Fee	Your Therapist Requires a 24-Hour Cancellation Notice	You are Responsible for 50% of Fee of the Missed Appointment - \$87.50
	Returned Checks		\$25.00 / Check
	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 and /or services you may need to receive the greatest benefit based on your diagnosis(es)/ presenting clinical concerns.	
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