



17282 Farmington Rd.
Livonia, MI 48152
P: 248.987.0654
F: 248.530.4325

Date of Good Faith Estimate: 1/1/2023. This estimate is for **psychotherapy services** through 12/31/2023. This estimate does not apply to pre-surgical evaluations.

Brief explanation of estimate for new patients:

The estimate below is the range of costs that is likely for most new patients who will be using BCBS PPO benefits. If you are out-of-network, uninsured, or underinsured and decide to pay out of pocket, each of our therapists has their own sliding fee scale (a reduced rate that we offer based on financial need). This price (commonly between \$100 and \$150 per session) will be set between you and your therapist prior to your first appointment and will not change without 60 days' notice. You will be asked to sign a fee agreement that will outline the EXACT fee you will be paying per session. The below estimate does *NOT* apply to you.

If you choose to use **insurance**, we will attempt to verify your benefits and give you an idea of what you might be responsible for, but ultimately, it will be the subscriber's liability to contact their insurance company to request information about coverage. Fees you may incur will result from an unmet deductible, a copay or coinsurance, or being out-of-network. While initial costs may be high due to an unmet deductible, once met, your fees should drop significantly to only a copay which is often between \$20 and \$35 per session. The below estimate pertains to those using insurance.

Contact: If you have questions about this estimate, please contact Dr. Nicole Tacoma at 248.987.0654 or tacoma.associate@gmail.com.

Details of the Estimate

The following is a detailed list of expected charges for psychological services scheduled for the above noted date range. The estimated costs are valid for 12 months from the start date of this Good Faith Estimate, unless we send you an updated Estimate.



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Service	Service code	Quantity	Cost per unit (This is our standard fee that we submit to insurance)	Expected cost (\$ range that you are typically required to pay if you have an unmet deductible)
Initial evaluation	90791	Typically 1 per year unless you terminate/pause treatment for an extended period of time and then return	\$220	\$190-220
Psychotherapy (60 min)	90837	Between you and your therapist- can discontinue per either party at any time	\$200	\$180-185
Psychotherapy (45 min)	90834	Between you and your therapist- can discontinue per either party at any time	\$175	\$116-126
Family Session	90847	Between you and your therapist- can discontinue per either party at any time	\$205	\$120-140

Disclaimer

This Good Faith Estimate shows the costs of services that are reasonably expected for the services to address your mental health care needs. The estimate is based on the information known to us when we did the estimate.

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.

If you are billed for \$400 more (per provider/per service) than this Good Faith Estimate (GFE), you have the right to dispute the bill

You may contact the psychology practice at the contact listed above to let them know the billed charges are at least \$400 higher than the GFE. You can ask them to update the bill to match the GFE, 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.



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There is a \$25 fee to use the dispute process. If the agency reviewing your dispute agrees with you, you will have to pay the price on this GFE. If the agency 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 or call CMS at 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 or call CMS at 1-800-985-3059 .

This GFE is not a contract. It does not obligate you to accept the services listed above.

Keep a copy of this Good Faith Estimate (GFE) in a safe place or take pictures of it. You may need it if you are billed more than \$400 than the estimate provided above.