



**Shine Behavioral Health, LLC**

## **Fee Schedule**

(Updated 07/08/2022)

### Psychiatric Services:

Initial Psychiatric Consultation (90792)	\$390
Psychopharmacology Follow up per session (99214)	\$175
Supportive Therapy with pharmacology per session (90833)	\$80
Psychopharmacology Follow up per session (99213)	\$150
Psychopharmacology Follow up per session (99215)	\$250

### Psychotherapy Services:

Psychotherapy Initial evaluation (90791)	\$180
Psychotherapy Individual per session (90837)	\$170
Psychotherapy Crisis per session (90839)	\$220
Psychotherapy for Family or Couples with patient present per session (90847)	\$170
Psychotherapy for Family or Couples without the patient present per session (90846)	\$170

### \*Brainspotting:

Individual Session	\$225
Package of 3 Sessions	\$575

### \*Other Fees:

First Missed Appointment/Late Cancellation	\$100
Second and Consecutive Missed Appointments/Late Cancellations	\$150
Medication Refills Outside of Scheduled Appointments	\$ 40
Forms and Letters Per Page	\$ 35
Records Request	\$.80/Per Page and \$150/Hour Preparation Fee
Judicial Proceedings	\$500/Per Hour

\*These fees are not covered by insurance plans.

**539 Benfield Road, Suite 2, Severna Park, MD 21146**

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## **Right to Receive a Good Faith Estimate of Expected Charges - Under the “No Surprises Act”**

Listed above are the services offered at Shine Behavioral Health, LLC, along with estimated rates, except when otherwise agreed upon with Shine Behavioral Health, LLC, or your provider. The fees above are listed in your consent forms, which you sign when you agree to treatment.

There is no pre-determined timeline for how long you will be in treatment. Our providers provide long-term and integrative treatments that are individualized to best serve the needs of each client.

The missed appointment/late-cancellation fee (less than 24 hours' notice) is equivalent to a full session fee, and is not covered by insurance.

### **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 services.
- You have the right to receive a Good Faith Estimate for the total expected cost of any nonemergency items or services.
- Make sure your health care provider gives you a Good Faith Estimate in writing at least 1 business day before your service. You can also ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule a 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 or picture of your Good Faith Estimate.

**Disclaimer:** The Good Faith Estimate shows the costs of items and services that are reasonably expected for your health care needs for a service. The good faith estimate is not a contract and does not require the uninsured (or self-pay) individual to obtain the services from any of the providers or facilities identified in the good faith estimate. 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. There may be additional items or services the convening provider or convening facility recommends as part of the course of care that must be scheduled or requested separately and are not reflected in the good faith estimate. You could be charged more if complications or special circumstances occur. If this happens, federal law allows you to dispute (appeal) the bill. The information provided in the good faith estimate is only an estimate and that actual items, services, or charges may differ from the good faith estimate.

If you are billed substantially more than this Good Faith Estimate (at least \$400 more than expected), you have the right 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. 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 Good Faith Estimate. If the agency disagrees with you and agrees with the health care

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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](http://www.cms.gov/nosurprises). For questions or more information about your right to a Good Faith Estimate or the dispute process, visit [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises).

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