

WILLAMETTE WELLNESS CENTER
NO SURPRISES ACT & GOOD FAITH ESTIMATE NOTICE

Federal Good Faith Estimate Requirements | Oregon Behavioral Health Fee Disclosure

Willamette Wellness Center (WWC) provides this notice to explain your federal right to receive a Good Faith Estimate of expected charges when you are uninsured or choose not to use health insurance to pay for your care, and to provide clear information about WWC fees for outpatient mental health services.

YOUR RIGHT TO A GOOD FAITH ESTIMATE

Under the federal No Surprises Act, if you do not have health insurance or you have insurance but do not plan to use it to pay for your care, you generally have the right to receive a written Good Faith Estimate explaining how much your expected health care services may cost.

When an estimate must be provided

If you schedule services 3-9 business days in advance, the estimate generally must be provided within 1 business day after scheduling. If you schedule services 10 or more business days in advance, it generally must be provided within 3 business days after scheduling. You may also request a Good Faith Estimate before scheduling services; when requested, it generally must be provided within 3 business days.

What the estimate includes

A Good Faith Estimate includes an itemized list of the services reasonably expected to be provided and the expected charges for those services. A Good Faith Estimate is not a bill.

WWC FEES AND EXPECTED COSTS

Oregon behavioral health rules require clients to be informed of the policies, procedures, service agreements, and fees applicable to the services provided. WWC therefore makes its current fee information available as part of this notice and through its intake materials.

Individual Counseling

Initial Diagnostic Evaluation (90791): \$170
Psychotherapy, 30 minutes (90832): \$70
Psychotherapy, 45 minutes (90834): \$105
Psychotherapy, 53-60 minutes (90837): \$140
Crisis psychotherapy (90839): \$140
Crisis add-on (+90840): \$70 per additional 30 minutes
Telephone assessment/management (98966-98968): \$2.00 per minute
Cancellation fee: \$100
Additional professional services/paperwork: \$140 per hour
Legal services: \$150 per hour

Couples Counseling

Initial Diagnostic Evaluation (90791): \$200
Psychotherapy, 53-60 minutes (90837): \$150

Crisis psychotherapy (90839): \$150
Crisis add-on (+90840): \$75 per additional 30 minutes
Telephone assessment/management (98966-98968): prorated per minute
Cancellation fee: \$150
Paperwork/records: \$130 per hour
Legal services: \$150 per hour

ABOUT YOUR THERAPY ESTIMATE

Therapy is individualized. The number and frequency of sessions cannot always be known in advance and may change based on your treatment goals, diagnosis, presenting concerns, clinical needs, and treatment plan. Your individualized Good Faith Estimate will reflect the services reasonably expected for your care at the time the estimate is prepared. If the expected scope or duration of treatment changes, WWC may provide an updated estimate when required or appropriate.

IF YOUR BILL IS \$400 OR MORE ABOVE YOUR ESTIMATE

If you are uninsured or self-pay and a bill from a provider or facility is at least \$400 more than the Good Faith Estimate from that provider or facility, you may be eligible to use the federal patient-provider dispute resolution process. Keep a copy of your Good Faith Estimate so you can compare it with bills you receive.

QUESTIONS OR REQUESTS FOR A GOOD FAITH ESTIMATE

To request a written Good Faith Estimate or ask questions about WWC fees, please contact:

Willamette Wellness Center

Phone: 503-404-3637

Email: info@wwcpdx.com

For questions about federal rights under the No Surprises Act or the patient-provider dispute resolution process, contact the No Surprises Help Desk at 1-800-985-3059 or visit the Centers for Medicare & Medicaid Services (CMS) No Surprises resources.

OREGON RULE REFERENCES

OAR 309-019-0115 - Individual Rights: Individuals have the right to be informed of the policies and procedures, service agreements, and fees applicable to the services provided.

OAR 309-019-0135 - Entry and Assessment: Prior to or at the start of treatment services, the program must offer the individual and guardian, if applicable, written program orientation information, including a description of individual rights consistent with Oregon behavioral health rules.

These Oregon Administrative Rules support WWC's obligation to provide clear information about client rights and applicable fees. The federal Good Faith Estimate requirements described above arise from the No Surprises Act and its implementing federal regulations, not from OAR chapter 309.

This notice explains general federal Good Faith Estimate rights and WWC's current fee schedules. It does not replace an individualized Good Faith Estimate when one is required.