

Kathleen Romeiro, LCSW 20129 I-FECMHS  
6777 N. Willow Ave. Fresno, CA 93710 (559) 930-2057  
NPI: 1619014974 Tax ID: 84-3513549

**THE NO SURPRISES ACT: STANDARD NOTICE AND CONSENT DOCUMENTS** (OMB Control Number: 0938-1401)

The purpose of this document is to let you know about your protections from unexpected medical bills. You are getting this notice because Kathleen Romeiro, LCSW is not in your health plan's network/ does not have an agreement with your health plan. Therefore, getting care from Kathleen Romeiro, LCSW could cost you more. You can choose to get care from a provider in your health plan's network, which may cost you less.

When working with an out-of-network provider, you may pay more because:

- \*You may owe the full costs billed for the items and services received
- \*Your health plan might not count any of the amount you pay towards your deductible and out of pocket limit. Contact your health plan for more information.

The accompanying Good Faith Estimate is only an estimate, not a contract for services. This estimate shows the full estimated costs of the items or services listed. It does not include any information about what your health plan may cover. This means the final cost of services may be different than this estimate. **Contact your health plan to find out how much, if any, your plan will pay and how much you may have to pay.**

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### GOOD FAITH ESTIMATE

Name: Phone #:  
DOB: Service: Individual therapy  
Address:  
Primary Diagnosis:

You have the right to receive a “Good Faith Estimate” of what the charges could be for psychotherapy services provided to you. While it is not possible for a psychotherapist to know, in advance, how many psychotherapy sessions may be necessary or appropriate for a given client, this form provides an estimate of the cost of services provided. Your total cost of services will depend on the number of psychotherapy sessions you attend, your individual circumstances, and the type of services provided to you.

Traditional psychotherapy takes place weekly or biweekly. We will collaborate to be clear about necessary therapy frequency. Based on my full fee, here are some estimates for possible psychotherapy costs with Kathleen Romeiro, LCSW 20129.

CPT code 90791(assessment charged no more than 1x/ year) \$200

CPT code 90837 (53+ mins) is \$165  
Weekly (48 weeks) \$7,920/ year  
Biweekly (24 weeks) \$3,960/ year

CPT code 90834 (38-52 mins) is \$150  
Weekly (48 weeks) \$7,200/ year  
Biweekly (24 weeks) \$3,600/ year

Other costs of treatment not covered by insurance/ FSA/ HSA may be:

No show or late cancel (less than 24 hours) fee: \$75

Documentation fee: \$25/ 15 minutes

Court testimony (by subpoena only): \$2,000 for 2 days preparation and testimony,  
\$1,500 each additional day.

### **DISCLAIMER**

This Good Faith Estimate is not a contract for services and you are not required to obtain therapy service from Kathleen Romeiro, LCSW. 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/ we may need to update the original Good Faith Estimate. If you are charged more than \$400 over the agreed upon Good Faith Estimate, you have the right to dispute the bill. To learn more and get a form to start the dispute process, go to [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises). You are encouraged to speak with Kathleen Romeiro, LCSW at any time about any questions you may have regarding your treatment plan, or the information provided to you on the Good Faith Estimate.

**Keep a copy of this Good Faith Estimate in a safe place or take pictures of it. You may need it if you are billed a higher amount.**

**Date of this estimate:** \_\_\_\_\_

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**Client/ guardian signature**

**Date**