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Notice: No Surprises Act of 2022

June 2025 Revision

In compliance with the No Surprises Act (H.R. 133) of 2022, all healthcare providers must notify patients of new requirements which are intended to prevent consumers from receiving unanticipated medical bills. As part of this act, I am providing you with a Good Faith Estimate of the cost of services, which applies specifically to individuals who **are not** using their health insurance for our sessions.

Below, you will find a fee schedule for the services offered in my practice, current as of June 2025. It is difficult to determine the true length of treatment for mental health care, and each patient has a right to decide how long they would like to participate in mental health care. Together, we will collaborate on the length of treatment including the regular assessment of goals, progress, and planning. Your total cost of services will depend upon the *number of psychotherapy sessions you attend, your presenting concerns, treatment needs, and individual circumstances*. This estimate is not a contract and does not obligate you to obtain any services from the provider(s) listed, nor does it include any services rendered to you that are not identified here.

Dispute Resolution Process : If you are billed for \$400 more (per provider) than a Good Faith Estimate, you have the right to dispute the bill. You may contact any healthcare provider or facility 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). The initiation of a patient-provider dispute resolution process will not adversely affect the quality of health care services you receive at JRS Psychology practice. To learn more information about your rights to a Good Faith Estimate or the dispute process, visit www.cms.gov/nosurprises or call (800) 985-3059.



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Good Faith Estimate for Health Care Items & Services

Service Code (CPT Code)	Description	Length of Session	Fee for Service <i>(Number of sessions will be determined as treatment progresses)</i>
90791	Initial Assessment for Individual Psychotherapy	55 minutes	\$ <u>215.00</u>
90837	Individual Psychotherapy <i>(This is Dr. Scott's hourly rate, and is used for all prorated calculations)</i>	55 minutes	\$ <u>200.00</u>
98966 & 98968	Telephone Assessment & Case Management	TBD	<i>Prorated by the quarter-hour, based on time spent</i>
Cancellation Fee	Cancellations with less than 24 hours' notice		\$ <u>135.00</u>
Total Estimate:	This Good Faith Estimate explains Dr. Scott's fee for each service provided. Dr. Scott 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 concerns and goals. The total cost will be the number of total sessions received multiplied by Dr. Scott's fee for each service provided.		