

LISA K. GRAY, M.D.

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GOOD FAITH ESTIMATE FOR HEALTH CARE ITEMS AND SERVICES

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

DATE OF GOOD FAITH ESTIMATE: ___/___/___

PATIENT NAME: _____

DOB: _____ PHONE NUMBER: _____

ADDRESS: _____

PRIMARY DIAGNOSIS: _____ PRIMARY DIAGNOSIS CODE: _____

BACKGROUND AND DISCLAIMER

The No Surprises Act (NSA) of 2022 established new Federal protections against surprise medical bills. Among other things, it requires health care providers and facilities to provide Good Faith Estimates (GFEs) of charges for care to uninsured (or self-pay) individuals upon scheduling care or on request. The Good Faith Estimate shows the list of expected charges for items or services from your provider. Because the GFE is based on information known at the time your provider or facility creates the estimate, it won't include any unknown or unexpected costs that may be added during your treatment. Generally, the GFE must include expected charges for: a) the primary service; b) any other services you're reasonably expected to get directly from the provider as part of the primary service for that period of care. **This GFE is provider-specific and estimates the anticipated cost of medical services that are reasonably expected to be provided by Dr. Gray to treat your health care needs. This GFE does not reflect health care costs outside of services provided directly by Dr. Gray even if some items or services may seem connected to the same service (example: labs, imaging, prescriptions, consultations with other clinicians).**

Keep a copy of this Good Faith Estimate (GFE). Under Federal law, if you are billed for \$400 more than this Good Faith Estimate (GFE), you have the right to dispute the bill. You may contact the practice at the contact listed above to let them know the billed charges are at least \$400 higher than the GFE. 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 HHS 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.**

PHYSICIAN'S STATUS

Dr. Gray does not participate in commercial insurance panels. Our office will send statements to insurance companies on your behalf as a courtesy. If you qualify for out-of-network reimbursement, payment will be sent to you.

ESTIMATED CHARGES

The following is a list of **maximum** charges for Medical Psychiatric services provided by Dr. Gray based on the **maximum cost per session** for each type of session. If, due to financial hardship, you have negotiated a lower rate with Dr. Gray, it will *not* be reflected in this Good Faith Estimate.

For new patients: until an initial evaluation is completed, Dr. Gray will not have a clear picture of your specific diagnosis, issues, and needs.

For all patients: the frequency and duration of treatment depends on numerous factors that are difficult to predict and highly specific to each individual patient. Some patients receive treatment several times per week. Other patients receive treatment a few times per year.

Cost per session is the most reliable way to estimate the cost of care. If you require more sessions with Dr. Gray, your yearly cost will increase.

The estimated costs are valid for 12 months from the date of this Good Faith Estimate and renew annually unless you are provided with an updated estimate.

Dr. Gray offers sessions in-person, by secure video, and by telephone. All types are billed at the same rate.

INITIAL EVALUATION	FULL SESSION	HALF SESSION
(75 minutes)	(45-50 minutes)	(20-25 minutes)
\$320	\$240	\$170

CANCELLATIONS

Must be made 24 hours prior to scheduled time to avoid being charged. Cancellations made within 24 hours will be charged at \$170.

OTHER SERVICES

Billed according to time at the discretion of Dr. Gray
\$40 / 10 minutes

Such services may include (but are not limited to):

Correspondence that exceeds 10 minutes

Provision of letters, summaries, and referrals

After-hours correspondence

Unscheduled correspondence

Communications by telephone for purposes of scheduling appointment times, sending information about medication refills, or other matters that require less than 5 minutes are typically not charged for.

EXAMPLES OF YEARLY COSTS

The frequency and duration of treatment is not guaranteed because it varies throughout the course of treatment and depends on numerous factors that are difficult to predict and highly specific to each individual patient. Cost per session is the most reliable way to estimate the cost of care. If you require more sessions with Dr. Gray, your yearly cost will increase.

Estimated yearly maximum cost for Psychotherapy and Medication Management:

Full session appointments twice a week for one year: \$25,040

Full session appointments once a week for one year: \$12,560

Full session appointments twice a month for one year: \$5,840

Full session appointments once a month for one year: \$2,960

Full session appointments once every three months for one year: \$1,040

Full session appointments twice a year for one year: \$560

ACKNOWLEDGEMENT

Patient acknowledges, understands, and agrees that he/she has read this Good Faith Estimate and has had the opportunity to ask any questions about the GFE. Any questions about this GFE have been answered to patient’s satisfaction. Patient understands that cost per session is the best way to estimate the overall cost of care with Dr. Gray. Patient understands that more sessions with Dr. Gray will lead to increased annual cost of care.

This GFE is not a contract. It does not obligate you to accept the services listed above. If you have questions about this estimate, please contact Dr. Gray or Runae Howard at 513-961-8484.

Lisa K. Gray MD
Name of Physician (printed)

Patient Name (printed) or
his/her Legal Representative

Signature of Physician

Signature of Patient or
his/her Legal Representative

Date of Signature

Date of Signature