



Professional Practice

December 22, 2021

Good Afternoon,

We are reaching out to request that you complete a new Billing Information Form and Fee Agreement for continued treatment in 2022 with Asha Goldstein, LCSW. **The forms can be accessed at the following link:**

https://29f4171d-6ca9-41db-b2a8-44c5a88450ef.usrfiles.com/ugd/29f417_91fe760125c648559a7b70e40743d648.pdf

A number of things about the insurance industry have been changing and sending a new billing information form and fee agreement will help us to bill your insurance effectively. Without them, we may not be able to successfully bill your insurance, which may leave you with a higher than expected out of pocket expense for treatment. We would like to avoid that, as I'm sure you would as well.

Disclaimer: This email is a good faith estimate of your out-of-pocket expense for treatment with Asha Goldstein, LCSW in 2022 if your insurance doesn't pay your claim or if we don't have the correct information needed to bill your insurance. This message is an estimate for items and services reasonably expected to be furnished at this time with the information available and based on information provided by you and your insurance company. This is not a guarantee of payment. Actual items, services, or charges may differ from this estimate. If you have insurance, then final benefit determination will be made by your insurance company after they have received the claim. I encourage you to contact your insurance company to verify your benefits and the terms of your plan using the Price Estimate Worksheet at (<https://www.professionalpractice.net/patient-forms-resources>). The worksheet lists pertinent information, questions to ask, and space to record details of the call. If the information that you receive from your insurance company does not agree with the estimate below, then you are welcome to send your completed price estimate worksheet to us by email (billing@professional-practice.org) or by fax (Fax (503)419-4662) or by mail (PO Box 503010, White City, OR 97503-0813) so that we can investigate the discrepancy and possibly provide additional information. This is a Good Faith Estimate (estimate) as defined by 45 CFR 149.610. Separate estimates will be issued to an uninsured (or self-pay) individual upon scheduling or upon request of the listed items or services. An uninsured (or self-pay) individual can obtain an estimate by directly requesting a new estimate from their provider. There may be additional items or services recommended by your provider as part of the course of care that must be scheduled or requested separately and are not reflected in this estimate. The information provided in this estimate is only an estimate regarding items or services reasonably expected to be furnished at the time of this estimate is issued to the uninsured (or self-pay) individual, and actual items, services, or charges may differ from this estimate. You have the right to initiate the patient-provider dispute resolution process if the actual billed charges are substantially in excess of the expected charges included in this estimate, as specified in §149.621; you can find instructions at www.cms.gov or at the following link on how to initiate the patient-provider dispute resolution process. The initiation



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of the patient-provider dispute resolution process will not adversely affect the quality of health care services furnished to an uninsured (or self-pay) individual by a provider or facility. This estimate is not a contract and does not require you to obtain the items or services from any of the providers or facilities identified in this estimate. No additional items or services requiring separate scheduling with a coordinated provider are anticipated at this time. You will receive a new estimate if items or services in addition to the items and services listed below are recommended or anticipated.

The provider's office can be reached for scheduling at Phone # 541-646-0828.

Requested Services: Routine out-patient mental health services, scheduled in the 12 months following the date of this letter.

Diagnosis Code: Mental health code to be determined at time of service.

Expected Service Codes: Routine outpatient mental health CPT 90785-90853 (see description below). Actual services rendered will depend on your treatment plan and decisions made by you and your provider regarding your best course of treatment.

Your Provider: Asha Goldstein, LCSW

NPI: 1437294840

TIN: 475230536

Direct Phone: (541)646-0828

Office Location: Telehealth Only / Ashland, OR 97520-3514

For more information about understanding insurance benefits information, please see the following 5-minute video: <https://www.youtube.com/watch?v=DBTmNm8D-84>

If your insurance refuses to cover the cost of treatment, or your policy terminates prior to services being rendered, you may be responsible for the standard fee for services rendered. In some cases, we can and do appeal denials for the patient, and in some cases, we cannot file an appeal on a patient's behalf. You can access resources regarding member appeal rights at www.healthcare.gov. Please contact our office if anything about your insurance changes and send a new copy of the billing information form (available at https://29f4171d-6ca9-41db-b2a8-44c5a88450ef.usrfiles.com/ugd/29f417_91fe760125c648559a7b70e40743d648.pdf).

Failure to notify our office of changes in your insurance plan may result in higher than expected out of pocket expenses for you.

Standard Fees (Patient out-of-pocket expense if not covered by insurance)



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CPT Code	Brief Description	Estimated Fee
90791 -	Initial Session (Diagnostic Evaluation)	\$165
90832 -	Psychotherapy – 30 minutes -	\$75
90834 -	Psychotherapy – 45 minutes -	\$110
90837 -	Psychotherapy – 60 minutes -	\$160

Please reply to this email or contact us at (541)234-4781 if you have any questions about this estimate or other insurance or billing related matters. Please contact our office if you feel that you will need a payment plan or other special consideration (including discount for financial hardship, installment plan, or deferment). After you have reviewed this estimate for accuracy and confirmed that it is feasible for your financial situation, please contact the provider's office directly to schedule your appointment.

Thank you

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Medical Billing

Office of Asha Goldstein, LCSW

Phone (541)234-4781

Fax (503)419-4662

info@professional-practice.org

PO Box 503010, White City, OR 97503-0813