

KAYTI PROTOS, DSW, LCSW

Rainbow Resiliency, LLC | 267-563-3310 | kayti.protos.dsw@gmail.com

January 21, 2022

Dear Client:

In compliance with the No Surprises Act that went into effect on January 1, 2022, all healthcare providers are required to notify clients of their federal rights and protections against "surprise billing."

This Act requires that we notify you of your federally protected rights to receive a notification when services are provided by an Out-of-Network (OON) provider, if a client is uninsured, or if a client elects not to use their insurance benefits.

Additionally, we are required to provide you with a Good Faith Estimate (GFE) of the cost of services. It is difficult to determine the true length of therapy for mental health services, and each client has the right to decide how long they wish to engage in services. The attached information represents a fee schedule for the services typically offered by this practice, based on weekly and every-other-week frequencies.

It is a federal requirement that OON providers have clients sign this form to begin/resume treatment in 2022. Please use the client portal on Simple Practice to sign and date the Good Faith Estimate as soon as possible – completing the form no later than January 31, 2022. If you have any questions, please do not hesitate to ask.

Thank you,



Kayti Protos, DSW, LCSW

The No Surprises Act Standard Notice & Consent

SURPRISE BILLING PROTECTION FORM:

The purpose of this document is to let you know about your protections from unexpected medical bills. It serves as a guide to understanding your costs associated with in-network (IN) benefits, as well as a review of anticipated costs associated with out-of-network (OON) and cash-pay service options.

You are getting this notice because Kayti Protos, DSW, LCSW is not in your health plan's network. This means the provider does not have an agreement with your plan, and is consider an OON provider.

Before deciding if you wish to continue with this provider, please review your health plan to determine your options with in-network providers of similar specialties. If there isn't one, your health plan might work out an agreement with this provider, or a similar one.

More information about your rights and protections:

Visit <https://www.cms.gov/files/document/model-disclosure-notice-patient-protections-against-surprise-billing-providers-facilities-health.pdf> for more information about your rights under federal law.

Understanding the GFE in Simple Practice:

Please finish review this form before reading the Good Faith Estimate in your client portal within Simple Practice. You will have the option to review the form prior to completion and are encouraged to write down questions that you may have for your provider. Additionally, you will be prompted to contact your health plan for information regarding your deductible and co-insurance and/or co-payments.

Provider information:

Kayti Protos, DSW, LCSW

License PA: CW019246

License CT: 11596

NPI: 1669903779

Email: kayti.protos.dsw@gmail.com

Tara Ryan-DeDominicis, DSW, LCSW

License NJ:

License CT: 011683

NPI:1164192001

Email: TaraRD.DSW@gmail.com

Good Faith Estimate Table of Services & Fees:

The amount below is only an estimate; it is not an offer or contract of services. The estimate shows the full estimated costs of items or services listed. It does not include any information specific to your IN or OON health plan and what it may or may not cover/reimburse. This means that the final cost of services may be different than the estimate, but should not be any higher. *Contact*

your health plan to find out how much, if any, your plan will pay and how much you may have to pay.

Total estimate of cost will need to take into consideration the number of sessions and/or services you may need to receive maximum therapeutic benefit, as determined by discussion with your provider and your progress surrounding your presenting clinical concern(s) and diagnosis(es).

Date of Service	Service Code (CPT code)	Description	Fee for Service	Negotiated Fee (if applicable)
2022	90791	Psychiatric Diagnostic Evaluation / Intake (60 min)	\$150	
2022	90837	Psychotherapy, 60 min	\$150	
2022	90834	Psychotherapy, 45 min	\$150	
2022	90846	Family psychotherapy without client present, 50 min	\$150	
2022	90847	Family psychotherapy, conjoint with client, 50 min	\$150	
2022	90853	Group therapy, 60 min	\$35	
2022	90853	TTRPG Group therapy, 120 min	\$60	
2022	90838	Psychotherapy add-on, 60 min	\$150	

Please see the form within Simple Practice for total estimates based on weekly and every-other-week individual sessions for one year, as well as estimates for group participation. Estimates are based on attending 50 weeks of therapy per year, allowing for 2 weeks of holiday/vacation. Please note that therapeutic TTRPG groups run in 8 session blocks, with details available online.

The place of service (in office vs. tele-mental health) is not specified as the charged are identical.

Clients submitting superbills (receipts) to their OON health plan are required to authorize the provider to include the diagnosis(es) on the insurance paperwork. The initial diagnosis(es) will reflect previous history and presenting issues, and may be subject to change over the course of the therapeutic relationship.

Questions? Please contact your provider directly.