



Creative Spirit Collaborative

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Dear Client,

In compliance with the No Surprises Act that goes into effect 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 rendered by an out-of-network provider, if a client is uninsured, or if a client elects not to use their insurance.

Additionally, we are required to provide you with a Good Faith Estimate of the cost of services (sent in a separate email). It is difficult to determine the true length of treatment for mental health care, and each client has a right to decide how long they would like to participate in mental health care. Therefore, in a separate email you will find a fee schedule for the services typically offered by your therapist, and we will collaborate with you on a regular basis to determine how many sessions you may need.

It is a Federal requirement that we have each client sign this form to begin/resume treatment. Please sign, date, and return the signed document before your next appointment. If you have any questions, please don't hesitate to ask.

Thank you very much,

Creative Spirit Collaborative

OMB Control Number: 0938-1401

This document is an amended version which was originally written by the Centers for Medicaid and Medicare (December 2021) and posted on their website. The No Surprises Law has already seen several revisions, so it is subject to change.

THE NO SURPRISES ACT STANDARD NOTICE AND CONSENT DOCUMENTS

SURPRISE BILLING PROTECTION FORM

The purpose of this document is to let you know about your protections from unexpected medical bills. It also asks whether you would like to give up those protections and pay more for out-of-network care.

IMPORTANT: You aren't required to sign this form and shouldn't sign it if you didn't have a choice of health care provider when you received care. For example, if a doctor was assigned to you with no opportunity to make a change. You can choose to get care from a provider or facility in your health plan's network, which may cost you less.

If you'd like assistance with this document, ask your provider or a patient advocate. Take a picture and/or keep a copy of this form for your records.

You're getting this notice because this provider or facility isn't in your health plan's network. This means the provider or facility doesn't have an agreement with your plan.

Getting care from this provider or facility could cost you more.

If your plan covers the item or service you're getting, federal law protects from higher bills:

- When you get emergency care from out-of-network providers and facilities, or
- When an out-of-network provider treats you at an in-network hospital or ambulatory surgical center without your knowledge or consent.

Ask your healthcare provider or patient advocate if you need help knowing if these protections apply to you.

If you sign this form, you may pay more because:

- You are giving up your protections under the law.
- You may owe the full costs billed for 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.

Before deciding whether to sign this form, you can contact your health plan to find an in-network provider or facility. If there isn't one, your health plan might work out an agreement with this provider or facility, or another one.

General Estimate of Fees (you will receive an estimate specific to you)

Total cost estimate of what you may be asked to pay: It is your ethical right to determine your goals for treatment and how long you would like to remain in therapy unless you are pursuing mandatory treatment. Please see the breakdown of possible fees on page four.

- ▶ Review your detailed estimate. See page four for a cost estimate for each item or service.
- ▶ Call your health plan. Your plan may have better information about how much of these services are

reimbursable.

▶ Questions about this notice and estimate? Call [contact information for the clinician, or a representative of the provider or facility]

▶ Questions about your rights? Contact the Oregon Board of Licensed Professional Counselors and Therapists: (503) 378-5499 or lpct.board@mhra.oregon.gov

Prior authorization or other care management limitations: Except in an emergency, your health plan may require prior authorization (or other limitations) for certain items and services. This means you may need your plan's approval that it will cover an item or service before you get them. If prior authorization is required, ask your health plan about what information is necessary to get coverage.

For 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.

By signing your specific GFE, I give up my federal consumer protections and agree I might pay more for out-of-network care.

- With my signature, I am saying that I agree to get the items or services from Creative Spirit Collaborative. ● With my signature, I acknowledge that I am consenting of my own free will and am not being coerced or pressured. I also understand that:
 - I'm giving up some consumer billing protections under Federal law.
 - I may get a bill for the full charges for these items and services or have to pay out-of-network cost-sharing under my health plan.
- I was given a written notice explaining that my provider or facility isn't in my health plan's network, the estimated cost of services, and what I may owe if I agree to be treated by this provider or facility.
- I got the notice either on paper or electronically, consistent with my choice (please request a paper copy of you need one.)
- I fully and completely understand that some or all amounts I pay might not count toward my health plan's deductible or out-of-pocket limit.
- I can end this agreement by notifying the provider or facility in writing before getting services.