



Explanation of Fees

The Sibley Group provides therapy services 7 days a week and includes individual, family, couples, and group work for children/teens/parents/adults and couples. These fees are based on actual charges for services and not determined by what your insurance company’s reimbursement rates are, which are after based on their determined “usual and customary rates” and percentage for out-of-network services.

Our rates are prorated based on the therapist choice, type of service and duration.

Therapist Rates	
Associate Therapists	\$230/hr
Clinical Director, Amanda Good, MSW, LICSW	\$240/hr
Director, Allison Sibley, PhD, LICSW	\$270/hr

Services		
Intake/Diagnostic Assessment (90791*)	\$300-360	50-75 mins
Individual Therapy (90834*)	\$200-240	50 mins
Group Therapy (90853*)	\$135	50 mins
Family and Couples Therapy (90847*)	\$240-280	60 mins
Phone Calls (98966,98967,98968*) Prorated based on length of service and therapist rate School Observations (98814)/Special Services (99199) Emergency Services (99441,99442,99443)		

[*These services are often reimbursed, in part, by insurance companies.]

No Surprises 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. Please answer the questions below. 1) Do you have health insurance for behavioral and mental health services? 2) Do you plan to file TSG claims for out-of-network reimbursement? If you answer YES to both of these questions, then you do not need to complete any documentation related to the No Surprises Act legislation. If you answer NO to either of these questions, then you will need a Good Faith Estimate for your services at TSG. Please notify your therapist or contact info@thesibleygroup.com to receive these forms

Good Faith Estimate of Services: *A typical course of treatment will include a one-time Intake/Diagnostic Assessment (\$345-\$400) and weekly sessions thereafter (individual, family/couples or group—see fees above). This plan may change given the client's/family's needs and will be discussed with your therapist prior to billing.*

Services Fees Actual Charge Frequency/month	
Intake/Diagnostic Assessment (90791*)	\$300-360 50-75 mins
Individual Therapy (90834*)	\$200-240 50 mins
Group Therapy (90853*)	\$135 50 mins
Family and Couples Therapy (90847*)	\$240-280 60 mins
Total Amount Billed \$	

Phone Calls (98966,98967,98968*) Prorated based on length of service and therapist rate
 School Observations (98814)/Special Services (99199)
 Emergency Services (99441,99442,99443)

Client Name (Please Print) _____ Date of Birth: _____

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Therapist Signature: _____ Date: _____

Guardian By Client

This Good Faith Estimate shows the costs of items and services that are reasonably expected for your health care needs for an item or service. The estimate is based on information known at the time the estimate was created.

The Good Faith Estimate does not include any unknown or unexpected costs that may arise during treatment. You could be charged more if complications or special circumstances occur. If this happens, federal law allows you to dispute (appeal) the bill.

You may contact the health care provider or facility listed 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). 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 dispute process. If the agency reviewing your dispute agrees with you, you will have to pay the price on this Good Faith Estimate. 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 our office 202-237-1196.

For questions or more information about your right to a Good Faith Estimate or the dispute process, visit www.cms.gov/nosurprises.

Please retain this copy for your records.