



Website and Office Notice of No Surprises Act

Beginning January 2022, clients are entitled to be notified of the No Surprises Act, which protects clients from an unexpected balance bill (also called surprise or balance billing). This can happen when there is an emergency service or you can't control who is involved in your care at an in-network facility. All providers at The Sibley Group are out-of-network providers. Our fees for all services are posted on our Explanation of Fees and are charged with our clients understanding laid out in the Psychotherapy Agreement. The forms related to the No Surprises Act are provided to inform all clients of this law.

Each client has a right to decide how long they would like to participate in mental health care. At the start of treatment and regularly throughout, your therapist will discuss with you the frequency of sessions needed, and you will decide based on those recommendations.

All TSG Therapists are Out-of-Network Providers. Please discuss this notice with your TSG Therapist, and answer the following two questions:

- 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.

We will provide you with a good faith estimate on an updated Explanation of Fees Form for you to sign and return to your therapist.

YOUR RIGHTS AND PROTECTIONS AGAINST SURPRISE MEDICAL BILLS

(OMB Control Number: 0938-1401)

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing. "Out-of-network" describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called "**balance billing.**" This amount is likely more than in-network costs for the same service and might not

count toward your annual out-of-pocket limit.

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

“Surprise billing” is an unexpected balance bill. This can happen when you can't control who is involved in your care - like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider. You are entitled to be notified prior to receiving mental health or emergency services when a provider is out-of-network.

You're not required to give up your protection from balance billing. You also aren't required to get care out-of-network. You can choose a provider or facility in your plan's network.

To learn more, 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.

To file a complaint or learn more, please visit <https://dchealth.dc.gov>.