THE SIBLEY GROUP

Positive psychotherapy for families, couples & adults

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 your insurance company's reimbursement rates, which are often 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 Rate	
Resident Therapists	$245
Associate Therapists	$260
Practice Director, Justin Barrasso, MS, LPC, NCC	$270
Clinical Director, Amanda Good, MSW, LICSW	$300
Director, Allison Sibley, PhD, LICSW	$355

Services		
Intake/Diagnostic Assessment (90791*)	$353-533	50-75 mins
Individual Therapy - In Person (90834*)	$245-355	50 mins
Individual Therapy - Virtual (90834-95**)	$240-345	50 mins
Group Therapy (90853* and 90853-95**)	$160-165	50 mins
Family and Couples Therapy (90847*)	$294-426	60 mins
Extended Therapy (90837*)	$294-426	60 mins

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

**Virtual sessions are billed at a lower fee due to sometimes being reimbursed by insurance companies at a lower rate

[*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-$525) 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*) $353-533 (50-75 mins)
Individual Therapy (90834-95** and 90834*) $245-355 (50 mins)
Group Therapy (90853* and 90853-95**) $160-165 (50 mins)
Family and Couples Therapy (90847*) $294-426 (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 at 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.

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FAQs for Payment & Insurance Questions

How much are your fees for services?

Our fees range from $240/hour to $525/hour, which depends on the service provided and the provider who is providing the service. Please refer to the Explanation of Fees Form. You can request this when you email intake@thesibleygroupdc.com for information about services.

Do you accept insurance?

We are a Private Pay Practice, which means that we expect payment at the time of service, and we do not take payments from insurance companies directly. We are able to provide services as an out-of-network provider. We do provide paid receipts with appropriate codes for you to submit with your insurance claim when you file with your insurance company for reimbursement for out-of-network benefits.

What is an Out-of-network provider? (*For Coupes/Families)

An out-of-network provider is a provider who does not participate directly with insurance companies, which means that we can not provide services through your In-Network Insurance Benefits plan. Out-of-network insurance reimbursements vary among insurance companies and plans. TSG does not have any direct influence on what your insurance chooses to reimburse for services. Out-of-network reimbursements are often lower than In-network reimbursement benefits.

*When seeking information about OON reimbursement for couples/family therapy sessions, please reference the following procedure codes (90846 and 90847) when speaking to your insurance company to determine reimbursement rates/coverage. All services require a diagnosis code to be submitted for insurance reimbursement. When you call your insurance company, provide them with these codes and the diagnosis code, and ask the following questions:

1. Do they reimburse for couples/family therapy sessions?
2. If so, what percentage?
3. Do they reimburse on the actual charge or what they deem "usual and customary"? If so, what rate is that?

How do I find an In-Network Provider?

You can look up your In-network and out-of-network benefits on your insurance company's website or call them directly. Most insurance plans have a list of In-network providers on their websites. Once you've obtained that list, you can call providers directly to see if they are accepting new patients.

How do I estimate my monthly out-of-pocket expenses for TSG services?

Refer to your specific insurance policy and benefits page to determine what your benefits are for out-of-network (OON) services. There are several areas to take note of to determine out-of-pocket costs.

- **How much is the deductible?** A deductible is an annual amount that the insurance company determines you must pay out of pocket before they will reimburse you directly for OON services. You should note what the deductible is for an individual, and also what the deductible is for your entire family.
- **How much am I reimbursed for services once I meet the deductible?** Most insurance policies have an amount (in percentages) of the charge that they reimburse members. Determine what percentage is reimbursed for services and make a note of it. Make sure that you ask if they reimburse at the actual rate charged for services or what they deem to be the "usual and customary rate" for the service**.**
- **How do I know what rate the insurance company uses to reimburse?** Take a standard procedure code for services (i.e, 90834) and a common diagnosis code (F43.22 Adjustment Disorder with Anxiety), and inquire with your insurance company what rate they use to reimburse for that service. Then, compare if that rate is the actual charge or a lesser amount.
- **Can I get insurance reimbursement without a diagnosis code?** No, you can't file a medical claim for a service that does not have a medical diagnosis code. If you do not want a diagnosis code, you can choose to pay fully out of pocket and not use your insurance.
- **Once I've gathered all the information from my insurance, how do I estimate monthly costs for using my OON benefits?** You estimate how many sessions you might have monthly (3 individual sessions) and the cost for each session. You calculate the percentage reimbursement for the usual and customary rate, or actual rate if the insurance company reimburses based on that. Then you subtract that dollar amount from the total monthly cost after you've met the deductible.

What if I don't want to use my insurance at all?

If you choose to pay fully out of pocket, you can receive a Good Faith Estimate that gives you the overall costs of treatment. Please let our Intake Specialist or your Therapist know if you go that route.

Are there options if I can't afford services based on my OON insurance reimbursement?

Yes, we have several options.

1. We have a sliding fee scale that is used on a case-by-case basis. Please ask to complete a Request for Reduced Fees Form and submit it to our billing department at billing@thesibleygroupdc.com. Sliding fees are approved based on availability and financial requests.
2. We participate in Pro Bono Counseling, which accepts applications for pro bono clients. Please apply here if you are interested in that option. *https://www.probonocounseling.org*. We accept a limited number of pro bono clients at a time.

3. TSG also has Graduate Interns who see clients at a very reduced rate, starting at $100/individual therapy hour. Please inquire further with our Intake Specialist at intake@thesibleygroupdc.com. Clients' clinical and financial needs determine services with our Interns.

Does TSG charge for phone calls, emails, and outside collaboration with other professionals (i.e., doctors, teachers, other providers)?
Yes, we often charge for direct collaborative work (i.e, phone calls or requests for written reports) that extends beyond 15 minutes. We typically do not charge for email exchanges.

Does TSG have a way of consolidating collaborative work done outside of sessions?
Yes, we will choose to bill for extended sessions (60-75 minutes) and use a different procedure code that is reimbursed at a higher rate in order to account for work done outside of the typical therapy hour. This practice is often used with child/teen clients who need regular coordination with their parents, school professionals, or other providers. It allows for a higher level of reimbursement since sometimes phone sessions are not reimbursed well by insurance companies.

Are other services (i.e., group therapy, couples therapy, family therapy, or parent sessions) reimbursed by insurance companies?
We find that individual therapy is reimbursed best by most insurance companies. Some policies cover group therapy well, and some don't. Parent sessions can often be billed as individual therapy, so they are usually reimbursed well. Couples/family therapy sessions are often not reimbursed well by insurance companies. Please ask your therapist for the procedure code so you can check with your insurance policy.

What happens if I miss a payment(s)?
Payment is collected on or immediately after the date of your session. If payment does not go through (e.g., credit card is declined), your therapist will notify you and request updated billing information. If there are two overdue payments, our Billing Specialist (Sheila White) will email to notify you and request updated billing information. After three overdue payments, you will be notified, and your therapist will contact you to make a plan to delay sessions until payment is received in full and billing information is updated. If you have any questions or need support with payment, then you may contact our Billing Specialist, Sheila White (billing@thesibleygroupdc.com) or the Practice Director, Allison Sibley (allison@thesibleygroupdc.com).