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GOOD FAITH ESTIMATE OF COST OF SERVICES

This estimate of the cost of services you may receive from me is provided to you in compliance with the federal *No Surprises Act*. Although it isn't possible for me to anticipate precisely how many psychotherapy sessions may be appropriate for you, this form provides an estimate of the number of sessions and of the associated cost. Your total cost of services will depend on the number of psychotherapy sessions you attend, and that number may vary depending on the efficacy of the treatment I provide, your adherence to treatment recommendations, and your individual circumstances. I may provide you with an updated estimate as treatment progresses. The estimate does not include the cost of additional treatment you may seek from other providers, such as psychiatrists. This estimate is not a contract and does not obligate you to obtain any services from me. You may disagree with the estimate, you may choose not to participate in treatment, and even if you do engage in treatment you may choose to discontinue at any time.

As of 2023, my fee for a 60-minute, initial "intake" session (CPT code 90791) or ongoing psychotherapy session (CPT code 90837) is \$220. Clients who started treatment with me before 2023 are charged the fee that was current when they started. Some clients choose to pay my fee without involving their insurance plans. Others do take advantage of their insurance plans, but may have an annual deductible to meet before their plans help cover the cost of services, and may also have a per-session copay or coinsurance fee to manage. Still other clients see me as an "out of network" provider and seek to have their insurance plans reimburse them for a portion of my fees (note, however, that working with an out of network provider is often much more costly than working with an in network provider, and that not all insurance plans reimburse for out of network services).

The *No Surprises Act* stipulates that if the actual amount I end up charging you for treatment is \$400 or more than this estimate, you have the right to initiate a dispute resolution process. Your decision to initiate a dispute resolution process will not impact the quality of services you receive. You can initiate a dispute resolution process by visiting the *No Surprises Act* website ([cms.gov/nosurprises](https://www.cms.gov/nosurprises)) or by calling their help desk (800-985-3059). Please discuss with me any questions you may have regarding this estimate or your treatment plan.

Name: Francis Anonymous

Date of Birth: August 7 1990

Date of Estimate: January 3, 2023

Time period covered by estimate: 12 months

Insurance Plan: Evernorth

Plan benefits: \$1500 yearly deductible; then \$25 copay per session; unlimited sessions.

Diagnoses and ICD-10 codes: Generalized Anxiety Disorder (F41.1), Secondary Insomnia (F51.05)

Recommended frequency of sessions: Weekly at first, then taper to every 2-4 weeks.

Estimated of number of sessions: 12-20

Estimated cost: \$1500 to meet deductible over first ~7 sessions, plus an additional \$125-\$325 to cover copays for remaining sessions.
