Billing/Payment and Good Faith Estimate (GFE) Information

Effective September 1, 2022

Galperin Autism Consulting, LLC

PO Box 498162, Cincinnati, OH 25249

513-628-9060

NPI # 1124784095

EIN 85-0803828

**COST**

*Therapy/Consultation:*

1-15 min = $43.75

16-30 mins = $87.50

31-45 mins = $131.25

46-60 mins = $175.00

Each additional 15 mins = and additional $43.75

The following services are considered part of “consultation”: report/document reading and writing, participation in meetings with family members/professionals involved in the client’s life, emails taking longer than 5minutes to read/write.

*Travel*:

15 mins or less each way = no cost

16-30 mins each way = $25.00 total

31-45 mins each way = $50.00 total

46+ mins each way = contact GAC for pricing

*Speaking/Training*:

Contact GAC for pricing

**PAYMENT**

A Debit/Credit Card is required, and Galperin Autism Consulting will charge your card within 72 hours of service provision. Debit/Credit Card information will need to be entered into the online client portal at the time of intake.

**INSURANCE**

Galperin Autism Consulting (GAC) is **not**an *In-Network*Provider for any insurance company and does not do any direct insurance billing.   However, after your Debit/Credit Card is charged by GAC, you can request paperwork from GAC to help you seek reimbursement from your Health Insurance Company.  Your request for reimbursement would be for an ***out-of-network***provider.  You are responsible for **all** aspects of the submission of paperwork to your Health Insurance Company, as well as tracking the processing of requests.

GAC has no control over the decisions of Health Insurance Companies to reimburse you for services we provide.  This is due to numerous factors, including, but not limited to, type of plan, deductibles, co-pays, co-insurance, out-of-pocket maximums, number of Sessions per year allowed, and percentage of coverage.

GAC’s strong suggestion is to contact your Health Insurance Company and ask them for information regarding reimbursement for an**out-of-network** Behavioral Health provider for the following CPT codes, as they are ones that are often billed.

* 90832 (30 mins indiv. psychotherapy)
* 90834 (45 mins indiv. psychotherapy)
* 90837 (60 mins indiv. psychotherapy)
* 90846 (Family Therapy with the patient present)
* 90847 (Family Therapy without the patient present)
* 90791 (Therapy Intake)

**FSAs and HSAs**

You can also use Flexible Spending Accounts and Health Savings Accounts to pay for psychotherapy. It is GAC’s strong suggestion that you check with your respective FSA/HSA to ensure our supports are covered/reimbursable (be sure to ask about eligibility of the codes listed previously), and to determine if you may need pre-approval. Some FSA/HSAs may freeze your account for an unapproved service/therapy.

**FSSP**

If you reside in Hamilton, Clermont, Butler, or Montgomery counties in Ohio, and your child has been determined eligible by the Board of Developmental Disabilities, and your child does NOT have a Medicaid Waiver, you may be eligible to use FSSP (Family Supports) money to pay for GAC’s supports. For more information, please contact your respective County Board of DD.

**Missed Appointments**

GAC charges $75.00 per missed appointment.

**Disclaimers:**

* Additional recommended items or services may be part of the course of care but are not reflected in this GFE.
* Clients have the right to initiate the patient-provider dispute resolution (PPDR) process if the actual billed charges are substantially greater than the estimated charges, along with instructions of where to find more information and written assurance that initiating such process will not adversely affect the quality of services rendered.
* The GFE is not a contract and does not require the individual to obtain the items or services from any of the providers or facilities identified.
* Client has the right to determine the duration and frequency of services.
* Client understands services will be billed at the rates listed in this GFE.
* Client understands the total cost of services for a 12-month period will be dependent on the frequency and duration of services across those 12 months.
* Client has the right to stop services at any time.

For questions or more information about your right to a GFE, go to www.cms.gov/nosurprises.

Client Signature and Date: on electronic file