

Caroline McGrath, LPC, NCC
Counseling, Coaching, & Breathwork

Soul of the Lotus® 

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2024 INSURANCE & SESSION FEE PAYMENT INFORMATION

If you need help navigating this information, email me at caroline@soulofthelotus.com

I advocate to give you access to the mental health care you deserve.

Accepted Payment Methods:

- American Express • Discover • Mastercard • Visa • Health Savings Account (HSA)

Rates:

Insurance Coverage using a Superbill for you to submit to your insurance company:

- \$185 / Per 50-min Session

Insurance Out of Network (OON):

- Only licensed clinicians can accept OON. I am a Licensed Professional Counselor.
- Please call your insurance company to find out whether your insurance accepts out of network providers.
- I can often accept these plans as a licensed provider and will create a superbill for you to submit to your insurance company so you can seek reimbursement.

Questions to ask your insurance company regarding your out of network (OON) benefit coverage:

- What are my out of network benefits?
- How can I get reimbursed for sessions I pay for with an out of network provider?

Paid by Self-Pay / Out of Pocket / Not covered by any insurance:

- \$185

No Show or Late Cancellation Fees :

- \$185 depending on your payment plan

Legal Fees / Appear in Court :

- \$1500 per day (despite length of appearance)

Letters or extra paperwork

- \$35 per 15 minutes

Consultation with other providers beyond first 15 minutes of general case management

- \$35 per 15 minutes

Case management beyond first 15 minutes of general case management

- \$35 per 15 minutes

Copy & Mailing of Records

- \$35 or up to amount allowed
- Often this is paid by someone else (e.g. for court purposes)

Supervision for LPC's and LMFT's

- \$95 / Per Meeting

Total Estimate:	This Good Faith Estimate explains your therapist's rate for each service provided. Your therapist will collaborate with you throughout your treatment to determine how many sessions and/or services you may need to receive the greatest benefit based on your diagnosis(es)/presenting clinical concerns.
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Service code (CPT Code)	Description	Fee for Service (Number of Sessions Will Be Determined as We Progress)
90791	Initial Diagnostic Evaluation	\$185
90832	Psychotherapy, 16-37 minutes	\$95
90834	Psychotherapy, 50 minutes (This fee is my hourly rate & used for all prorated calculations as indicated)	\$185
90837	Psychotherapy, 60 minutes	\$215
90839	Psychotherapy for a Crisis (30-50 minutes)	\$185
+90840	Psychotherapy for a Crisis (add on code for each additional 30 mins)	\$95
90846	Family Psychotherapy without Patient Present, 50 minutes	\$185
90847	Family Psychotherapy with Patient Present, 60 minutes	\$215
98966-98968	Telephone Assessment & Management	Prorated based on the amount of time spent at hourly rate
98970-98972	Online Digital Evaluation & Mgt (Responding to Email & Text Messages)	Prorated based on the amount of time spent at hourly rate
Cancelation Fee	Your Therapist Requires a 24-Hour Cancelation Fee	\$185

Throughout your treatment, the provider may recommend additional items or services as part of your treatment that are not reflected in this estimate. These would need to be scheduled separately with your consent and the understanding that any additional service costs are in addition to the Good Faith Estimate.

If your needs change during treatment, your provider should supply a new, updated Good Faith Estimate to reflect the changes to treatment, and the accompanying cost changes.

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.

The Good Faith Estimate is not a contract between provider and client and does not obligate or require the client to obtain any of the listed services from the provider. 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 HHS at (800) 985-3059.

For questions or more information about your right to a Good Faith Estimate or the dispute process, visit www.cms.gov/nosurprises or call (800) 985-3059.

Keep a copy of this Good Faith Estimate in a safe place or take pictures of it. You may need it if you are billed a higher amount.