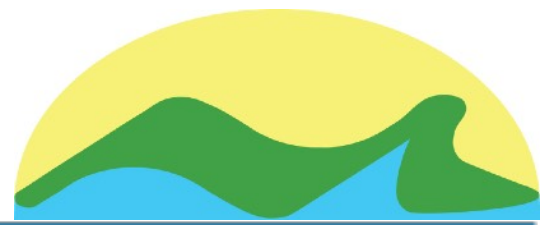


# GOOD FAITH ESTIMATE/NO SURPRISE ACT PARADIGM HAWAII COUNSELING, INC



While receiving services at Paradigm, the following charges may be accessed. Having a federal insurance plan, a QUEST plan or prior arrangement with your counselor, may negate these charges. However, during your time at Paradigm, you may be accessed a copayment, tax fees, cancellation fees, late fees or out of pocket fees.

Each charge is highlighted below.

By signing below, you acknowledge that our office has shared and detailed possible expected charges. Should you have any questions, please call our office at 808-387-4355. Mahalo!

**Copayment:** A copay is the amount that insurance does not pay for services rendered. For example, most insurances cover up to 80% of an eligible charge, the cost amount set by your insurance company. Clients may be responsible for up to 20%, though the majority of clients have a set copay per visit (i.e., \$10-\$20). If there is a copay due, you will be billed at the end of each month for the balance due for the month, or your credit card will be charged after each session. If you would like to know what your copay is prior to your first session, please call our office.

**Tax:** Hawaii charges general excise tax that businesses can extend to their patrons/clients. Medical offices are no different, and Paradigm does access the current sales tax, based off the eligible charge set by your insurance company. Even if copayment is covered 100% by insurance, most likely you will still be charged the tax per session, which usually is no more than \$7.30. QUEST, federal plans and telehealth visits via HMSA's Online Care, will not be accessed the tax.

**Cancellation Fee:** We do ask that if needing to cancel or reschedule an appointment, our office is notified at least 24 hours in advance. This allows us to fill the spot with another client who needs to be seen. If a session is missed or notification is not within the 24 hour time frame, we do assess a cancellation fee of \$50 for the first missed session, \$100 for the second missed session and \$150 for the third and each subsequent missed session, which is our normal out of pocket fee. With at least a 24 hour notice, the fee will be waived. For circumstances out of a client's control, the fee will be waived on a case by case basis.

**Late Fee/Balance Due:** We allow a 10 minute cushion at the start of each session. We understand that things happen and sometimes we can run late. If a client is late to a session, we will offer a curtesy call or text as a reminder or check in. If a client arrives late, and it alters the session billable time, clients will be responsible for the time missed.

Session Ins Eligible Charge	Insurance Pay	Client Responsibility	Total Due
<b>Normal Session \$100</b>	\$70	\$20 + tax @ current rate	24.71
<b>Late arrival by 30 minutes: \$100</b>	Paradigm bills for 30 minutes = \$50	\$50 + tax on original 60 minutes	54.71
<b>Missed Session</b>	\$0	\$50 (1st miss)	50.00
<b>Missed Session</b>	\$0	\$100 (2nd miss)	100.00
<b>Missed Session</b>	\$0	\$150 (3rd and subsequent misses)	150.00

Example not based off actual figures

**Denied Claims/Client Responsibility:** We will bill insurance and do our best to keep all financial obligations low. However, in the event that insurance does not cover a session for whatever reason, the session will then be billed as an out of pocket fee of \$150/session or on an otherwise agreed upon amount with Paradigm, which then becomes the responsibility of the client.

**Other Out of Pocket Fees:** If a client has an insurance we do not accept, or agrees to see one of our cash providers (provider is accruing hours toward licensure and is unable to work with insurance), the out of pocket rate is \$50/session, or whatever amount is agreed upon with your provider. Clients will be billed at the end of each month or have their credit cards charged after each session.

\*Please sign here that you have been provided details of all potential charges during your time at Paradigm.

(Print name) \_\_\_\_\_ Signature \_\_\_\_\_