UNC GREENSBORO
UNCG Psychology Clinic

Psy.uncg.edu/clinic
1100 W. Market Street, 2nd Floor
Greensboro, NC 27403
Phone: 336.334.5662
Fax: 336.334.5754

Good Faith Estimate

Clinic Name: UNCG Psychology Clinic
Clinic Address: 1100 W. Market St., 2nd Fl, Greensboro, NC 27403
Clinic Phone #: 336-334-5662
Clinic Fax #: 336-334-5754
Clinic Tax ID#: 56-6001468
Clinic NPI #: 1023187473

The estimates below are based on the standard rate of services. Your rate for service may be lower if your verified income makes you eligible for financial assistance, if you/your child is/are accepted as a Medicaid client, or if you are a current UNCG student or employee.

Insurance Information (Medicaid)

Our clinic currently ONLY accepts Medicaid via:

- Medicaid Direct
- Trillium Health Resources
- Healthy Blue

Our clinic does not accept private insurance or other forms of Medicaid.

Acceptance as a "Medicaid client" at the UNCG Psychology Clinic must be determined prior to scheduling the first client session. If the potential client is enrolled in a form of Medicaid we accept, and services are **covered**, you will **not be responsible for payment** beyond any applicable requirements under your plan. See the clinic's Client Information Statement for full details of clinic policies.

Good Faith Estimates are not required for Medicaid-covered services, but we provide this estimate to all potential clients for transparency, including individuals with Medicaid coverage, in the event the requested services are not covered, or you opt to self-pay.

Financial Assistance / Sliding Scale

The UNCG Psychology Clinic offers reduced fees based on verified income and financial need.

- Eligibility is determined through a brief application process.
- Approved rates will be lower than standard fees listed above.

In recent history, over 80% of self-pay clients have received financial assistance. Financial discounts are also available to current UNCG students and employees.

We appreciate when individuals pay the full rate for services, as it supports access to our services for those with less access to financial means. We can provide this financial

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assistance in part due to generous donations which can be made online at: https://go.uncg.edu/psydonate by selecting "Psychology Clinic Enrichment Fund"

Note for all services: Fees for session remain the same regardless of whether the client arrives late or leaves early.

Fee Breakdown for Initial Screening:

Individuals requesting services are expected to participate in a "Screening" appointment to gather information about the potential client and their presenting concerns to determine if the UNCG Psychology Clinic is the right fit for the requested service(s).

Service Type	CPT Code	Standard Rate	Number of Sessions	Estimated Total
Screening Session	SCRNIT	$20	1 session	$20

Fee Breakdown for Therapy Sessions

An intake evaluation is the first therapy appointment for clients and is billed at the same rate as subsequent therapy sessions.

Service Type	CPT Code*	Standard Rate per session	Number of Sessions	Estimated Total
Intake Evaluation (Therapy)	90791	$105	1 session	$105

Therapy services occur on a weekly (or bi-weekly, as appropriate) basis and typically last 50-55 minutes. Therapy services offered at our clinic are designed to be short-term (generally 12-16 sessions).

Service Type	CPT Code*	Standard Rate per session	Number of Sessions	Estimated Total
Individual Therapy (32-53+ min)	90832, 90834, 90837, 90846, 90847	$105	16 sessions (appx 4-6 months)	$1680
Individual Therapy (32-53+ min)	90832, 90834, 90837, 90846, 90847	$105	50 sessions (appx 1 year)	$5250
Group Therapy	90853, 90849	$25	18 sessions	$450

**Modifier –95 may be appended to CPT codes for sessions conducted via telehealth*

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Fee Breakdown for Psychological Assessment (Testing):

It is difficult to estimate the amount of time or specific psychological measures required prior to beginning an assessment. The UNCG Psychology Clinic does not want families to sacrifice access to appropriate measures related to their presenting concerns due to financial concerns. Therefore, we offer a flat rate for psychological evaluations that includes the diagnostic interview (intake), testing session(s), assessment summary or report, and feedback session (as applicable).

Service Type & CPT Codes	Estimated Charges for Services	Total Estimated Charges (including intake fee)
Diagnostic Interview (90791)	$105	$105
Psychological Testing (96136, 96137) & Report Writing/Feedback (96130, 96131)	$1,260	$1,365

- For standard psychological testing services, the total cost of the Flat Service Test Package is $1365, including intake**.**
- For limited scope testing for Early Kindergarten or Academically Gifted programs, the standard rate and estimated total charge is $350, including intake.

Half the total payment for assessment is due at time of intake. The remaining balance must be paid before the feedback session can occur.

Additional Costs (if applicable)

- Fee for session cancellation less than 24 hours in advance, or No Show: $20 per appointment
    - Fees may be appealed by submitting a Financial Appeal Form, available from the clinic's website at psy.uncg.edu/clinic
- Administrative fees (records, letters, etc.): $13 to retrieve records after client's relationship with clinic has terminated
    - Forms may be completed and records will be provided in accordance with Notice of Privacy Practices without charge to current clients

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. This is an **estimate of services and not a contract and does require you to obtain services from this health care provider or other specified in this Good Faith Estimate.**

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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 you are billed for $400 or greater than the amounts specified in this Good Faith Estimate, you have the right to dispute 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.

For questions or more information about your right to a Good Faith Estimate or the dispute process, visit: www.cms.gov/nosurprises/consumers or call 1-800-985-3059.

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.