



**NOTICE AS OF 01/01/2022 for Uninsured and Self Pay Clients**

Crossroads is compliant of the Title I (No Surprises Act) of Division BB of the Consolidated Appropriations Act, 2021 (CAA) amended title XXVII of the Public Health Service Act (PHS Act) requiring all professional service providers to give uninsured and self-pay patients a good faith estimate of costs for services that they offer, when scheduling care or when the patient requests an estimate and prohibit providers from balance billing “surprise bills” to patients for emergency and certain non-emergency services provided at facilities. A good faith estimate must be provided within 3 business days upon request. Information regarding scheduled items and services must be furnished within 1 business day of scheduling an item or service to be provided in 3 business days; and within 3 business days of scheduling an item or service to be provided in at least 10 business days. Disclaimer: All Good Faith Estimates will show 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. 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 this happens, federal law allows you to dispute (appeal) the bill. Please contact our insurance and billing department at 601-939-6634 to request a good faith estimate. The fees listed below are not considered a good faith estimate and represent Crossroads maximum charges.

**Maximum - Crossroads Counseling Fees and Charges:**

90837	Psychotherapy 60 min	\$189
90834	Psychotherapy 45 min	\$130
90832	Psychotherapy 30 min	\$85
90847	Family Psychotherapy	\$190
90846	Family Psychotherapy w/o patient	\$135
90791	Psychotherapy Diagnostic Interview	\$195
90839	Psytx for Crisis; 60 min.	\$189
90840	Crisis Add-On; each additional 30 min.	\$83
90785	Interactive Complexity Code	\$10
99050	After Hours	\$23
99051	After Hours (For HOLIDAYS AND WEEKENDS)	\$16

**\*Disclaimer** - Discounted fees and rates may be quoted at the time services are rendered and may not be reflected above. *If client was quoted a discount fee or rate - Enter amount quoted per 60 minutes (90837) of service: \$* \_\_\_\_\_

*Crossroads Staff Signature:* \_\_\_\_\_

**I acknowledge receipt of this document. By my signature below, I certify that I am not under a legal disability that prevents me from understanding the terms of this agreement. I understand that if I sign via electronic signature, my consent is still valid.**

**CLIENT SIGNATURE** \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE - (REQUIRED FOR CHILDREN UNDER 18)** \_\_\_\_\_

**DATE:** \_\_\_\_\_