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Good Faith Estimate Disclaimer

Once I have obtained your insurance/intake information and before we meet I will provide you with a good faith estimate (GFE) if you are self-pay as well as any co-pays or deductibles you might be responsible for if you are using private health insurance. I have listed my rate below as well.

The GFE shows the cost of items and services that are reasonably expected for your health care needs for an item or service. My estimate is based on information known at the time the estimate was created. Please inform me if you have a health savings account that might apply to your insurance.

If you are billed for more than this GFE, you have the right to dispute the bill. Please contact me directly and request that I update the bill, 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(\$25.00 fee) – www.cms.gov/nosurprises - If you choose to use the dispute resolution process, you must start the dispute process within 120 calendar days of the date on the original bill.

For Self-Pay my flat rate is:

Initial Intake and on-going 55-minute sessions - \$115.00 per session.

Court appearances and requests for assessment summaries and clinical paperwork – \$200 per hour.

Drug/Alcohol urine/salvia Screening: - \$25 for Alcohol screening / \$50 for drug screen panel.