



COLUMBIA PSYCHIATRY

Good Faith Estimate

In accordance with the No Surprises Act that went into effect January 1, 2022, all healthcare providers are required to notify patients and potential patients of their federal rights and protections against “surprise billing.” The purpose of this Act and of this document is to protect you from unexpected medical bills.

Providing a Good Faith Estimate is particularly challenging in mental health care because it is difficult to predict the frequency and length of treatment. You and your provider will collaborate on what is most appropriate for you. Most patients will have appointments every 1-3 months.

Sample estimates for new and established patients for appointments every 1 month and every 3 months are attached.

List of CPT-Coded Services and Fees

CPT	Service Description	Cost
90791	Psychiatric Diagnostic Evaluation	\$310
90792	Psychiatric Diagnostic Evaluation with Medical Services	\$310
99213	Psychiatric medication evaluation and management service (low)	\$155
99214	Psychiatric medication evaluation and management service (moderate)	\$155
99215	Psychiatric medication evaluation and management service (high)	\$155
99214+ 90833	Psychiatric medication evaluation and management service (moderate) in conjunction with psychotherapy	\$210

Please note that not all services are offered by all providers.

These fees apply to all DSM diagnostic codes of the American Psychiatric Association. We use diagnostic codes that are clinically accurate, but these do not guarantee reimbursement.

List of Other Services and Fees

Service Description	Cost
No-show/Late Cancellation	\$100
Letters	\$25
Other paperwork (disability/FMLA/accommodations)	\$50-100

These services require separate scheduling and are expected to occur before or after the expected period of care for the primary service.

All services are provided at

Columbia Psychiatry, 2100 Forum Blvd, Suite C-2, Columbia, MO 65203
Phone: (573) 447-7456 Fax: (573) 447-7457 Email: comopsych@gmail.com

Provider

Name	License #	NPI
Dr. Jessica Nittler, MD	2004027794	1588623391
Dr. Kristin Parkinson, MD	2008018555	1902918501
Andrea Earlywine, APRN	2001024627	1679778617



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New Patients 1-Year Sample Estimate

	Visits every 1 month	Visits every 3 months
Initial consultation	\$310	\$310
Followup visits	$\$155 \times 11 = \$1,705$	$\$155 \times 3 = \465
Total for 12 months	\$2,015	\$775

Established Patients 1-Year Sample Estimate

	Visits every 1 month	Visits every 3 months
Followup visits	$\$155 \times 12 = \$1,860$	$\$155 \times 4 = \180
Total for 12 months	\$1,860	\$180

This Good Faith Estimate shows the costs of services that are reasonably expected for the health care needs of patients of this office. 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. This estimate is not intended to serve as a recommendation for treatment or a prediction that you may need to attend a specified number of visits. This estimate is not a contract and does not obligate you to obtain any services from the provider(s) listed.

You have the right to initiate a dispute resolution process if the actual amount charged to you substantially exceeds the estimated charges stated in your Good Faith Estimate (which means \$400 or more beyond the estimated charges).

You are encouraged to speak with your provider at any time about any questions you may have regarding your treatment plan or the information provided to you in this Good Faith Estimate.