

** indicates a required field*

OMB Control Number: 0938-XXXX

Courage to Nourish Practice Details

Courage to Nourish Nutrition, LLC

Office locations:

9881 Broken Land Parkway, Suite 105, Columbia, MD 21046

7307 Baltimore Ave, Suite 108, College Park, MD 20740

901 N Washington Street, Alexandria, VA 22314

Virtual: Maryland, Virginia, Colorado, Pennsylvania

P: 301 202 4532

Practice information: NPI: 1922617141 EIN: 84-4102715

Contact person: Alex Raymond: alex@couragetonourish.com

*** Expiration Date:**

Patient Information

Patient

First name:

Middle name:

Last name:

Date of birth:

Patient Diagnosis

Primary service or item requested/scheduled:

Patient primary diagnosis:

Patient secondary diagnosis:

Date of good faith estimate:

Provider Estimates

Estimated cost per session:

Disclaimer

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, and does not include any unknown or unexpected costs that may arise during treatment.

HOW DOES IT AFFECT ME? WHY AM I BEING ASKED TO SIGN THIS?

As of January 1, 2022, all healthcare providers are required to provide estimates for the costs of your care. The Good Faith Estimate (GFE) shows the cost of items and services that are reasonably expected for your healthcare needs and treatment. This will be provided by this office upon scheduling and/or as requested. This Good Faith Estimate does not include unexpected costs that could arise during treatment.

HOW DOES THIS AFFECT BILLING AND PAYMENT POLICIES AT COURAGE TO NOURISH?

The law protects you from surprise billing and "unexpected surprise charges". Courage to Nourish Nutrition, LLC does not send clients a bill unless asked by clients or their parents/guardian. You will pay for your sessions either 1) prior to the first session to serve as a confirmation or 2) charge the day of your session (policies and financial responsibility forms).

WHAT IS THE ESTIMATE? DO I OWE THIS AMOUNT?

Under provisions of this law, we are required to provide you with an estimate of your healthcare costs. You are entitled to receive this "Good Faith Estimate" of what the charges could be for nutrition and psychotherapy services provided to you. While it is not possible for a therapist and/or dietitian to know, in advance, how many sessions may be necessary or appropriate for a given person, this form provides an estimate of the cost of services provided. Your total cost of services will depend upon the number of psychotherapy and nutrition therapy sessions you attend, your individual circumstances, and the type and amount of services that are provided to you.

This Good Faith Estimate is not intended to serve as a recommendation for treatment or a prediction that you may need to attend a specified number of sessions with your dietitian. The number of visits that are appropriate in your case, and the estimated cost for those services will ultimately depend on your needs and what you agree to in consultation with your dietitian. You are entitled to disagree with any recommendations made to you concerning your treatment and you may discontinue treatment at any time. This estimate is not a contract and does not obligate you to obtain any services from the provider(s) listed, nor does it include any services rendered to you that are not identified here. We ultimately value the importance of self-determination and the therapeutic relationship. It is important that you understand your right to choose your provider based on your unique needs, the provider's specialization, and the right fit.

DIAGNOSIS

The No Surprises Act and Good Faith Estimate ask that we provide a diagnosis on this form. At Courage to Nourish Nutrition, LLC, we do not diagnose clients because that is out of scope for dietitians. We use a diagnosis from a therapist, doctor or treatment center. Those providers are ethically obligated to only diagnose after a thorough evaluation, assessment, and discussion with you and/or your team. Therefore, the current diagnosis for the purpose of this document is not identified. The following are common diagnosis used with our patients. If you would like a

diagnosis added to your GFE please let a clinician know.

NOTE: this list is not exhaustive, and we do utilize other diagnostic codes after consultation with you and your team.

F50.0: Anorexia Nervosa, restricting type

F50.02: Anorexia Nervosa, binge-purge subtype F50.2: Bulimia Nervosa

F50.81: Binge Eating Disorder

F50.89: Other Specified feeding or eating disorder

F50.82: Avoidant Restrictive Food Intake disorder

F50.9, Eating Disorder unspecified

Z713: Dietary Counseling + surveillance

other:

CPT CODES

CPT codes (Current Procedural Terminology) are used to identify the professional services they provide and to report those services in a way that can be universally understood by institutions, private and government payers, researchers, and others interested parties. Basically, this is a number that identifies the type of service received. Your treatment may include sessions that are coded by one or more of the CPT codes listed at the bottom of this form.

97802: Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes, (this is billed in 15 minute increment. all sessions are six units at \$37.5 per unit)

97803: Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes (this is billed in 15 minute increment. all sessions are four units at \$46.25 per unit)

The following services with corresponding CPT code have the prices noted below.

97804: Medical nutrition therapy; group (2 or more individuals); each 30 minutes.

See above for GFE.

This cost estimate is true regardless of the location (Office or Telehealth) and the CPT code used. You can determine your estimated healthcare costs by multiplying the session fee by the number of sessions that you anticipate seeing your provider. Additionally, you and your provider will discuss this as you review the treatment plan and will continue to review, revise, and update your plan as clinically indicated.

NOTE: this estimate does not include healthcare cost associated with:

Lab work or other tests that we may request

Sessions with providers that are not listed on this form

The cost to see a provider that we have recommended you to see and/or referred you to.

The charge you may incur for no-show and/or late cancellations in accordance with our patient policies.

The GFE is based on your estimated healthcare costs while receiving care at Courage to Nourish Nutrition, LLC with one of the providers listed on this form.

Fees associated with emergency and/or crisis sessions

Documentation you may request

Legal fees

PROVIDERS

Courage to Nourish Nutrition, LLC provides nutrition services from licensed dietitians. Our providers are listed below with their corresponding National Provider Identifier (NPI). You will be assigned a primary dietitian. Additionally, we may utilize meal support and recommend family sessions. Family sessions may be with one of our providers or someone we collaborate with on a regular basis. The practice NPI and tax identification number (EIN) is listed at the top of the page. Providers at Courage to Nourish Nutrition, LLC with their corresponding NPI and licensure information are listed below.

Alex Raymond, RD, LD, CEDRD-S: NPI: 1306221627

Bobbi Boteler, RD, LD, CEDRD-S: NPI: 1124356100

Georgia McArtney, MPH, RD, LD: NPI: 1821620220

Sydney Richards, RD, LD: NPI: 1285008920

Emilee Young (formerly Wells), RD, LD: NPI: 1407465586

Kathryn Karukas, MPH, RD, LD: NPI: 1487225124

Lauren Hirschhorn, RD, LD: NPI: 1497407639

Rebecca Hart, RD, LD: NPI: 1821533019

Shira Hochstadter, RD, LD: NPI: 1417625948

Leslie Bobo-Kiesel, RD, LD: NPI: 1508527698

LOCATION OF SERVICES

Courage to Nourish Nutrition, LLC has 3 different office locations, which you can find at the top of this form. The providers listed conduct both in-person and virtual sessions. The estimate does not change based on your session being at the office or via telehealth.

EXPECTED FREQUENCY AND LENGTH OF TREATMENT

We recognize that each client has a unique treatment journey. Factors affecting your length of treatment may include: your presenting problem, history of presenting problem, stated goals for treatment, challenges and life circumstances, availability to schedule sessions, your support system, age at problem onset, presence of

commonly occurring conditions we see in our clients, and others. Our standard practice is to create a treatment plan with client input after the initial session (or we have time to develop treatment goals) and revise/update the treatment plan regularly with client input. We typically see clients on a weekly basis. Nutrition therapy is an ongoing process, but clients are able to pause or stop at any given time. We can provide our Good Faith Estimate based on weekly appointments, since that is when you will be asked to pay for sessions (see above "How does this affect billing and Payment Policies at Courage to Nourish.")

The Good Faith Estimate is not a contract and therefore does not obligate you to receive the services listed below. Courage to Nourish Nutrition, LLC believes the therapeutic relationship to be paramount. We regard your autonomy, right to self-determination, and choice to receive treatment where you will most benefit.

Understanding Your Good Faith Estimate (GFE)

The following is a list of CPT codes that may be used. NOTE: The fee for each session is \$240 for an initial appointment and \$190 (unless otherwise discussed with your dietitian). You can expect to pay \$190 weekly until you terminate care with your dietitian. See above "How does this affect billing and Payment Policies at Courage to Nourish for information on when you are expected to pay for sessions. The GFE is based on your estimated healthcare costs while receiving care at Courage to Nourish Nutrition, LLC with one of the providers listed on this form.

If you are billed for more than this Good Faith Estimate, you have the right to dispute the bill.

Throughout your treatment, the provider may recommend additional items or services as part of your treatment that are not reflected in this estimate. These would need to be scheduled separately with your consent and the understanding that any additional service costs are in addition to the Good Faith Estimate.

If your needs change during treatment, your provider should supply a new, updated Good Faith Estimate to reflect the changes to treatment, and the accompanying cost changes.

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.

The Good Faith Estimate is not a contract between provider and client and does not obligate or require the client to obtain any of the listed services from the provider.

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.

To learn more and get a form to start the process, go to www.cms.gov/nosurprises or call HHS at (800) 985-3059.

For questions or more information about your right to a Good Faith Estimate or the dispute process, visit www.cms.gov/nosurprises or call (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.