

Provider: Gregory Smith  
Psychiatric Nurse Practitioner, MS, APRN, PMHNP  
Email: [greg@innerself-care.com](mailto:greg@innerself-care.com)  
Phone: (864) 618-2817

Welcome to my practice.

In compliance with the No Surprises Act that went into effect January 1, 2022, all healthcare providers are required to notify patients of their Federal rights and protections against potential “surprise billing.”

This Act requires that we notify you of your federally protected rights to receive a notification when services are rendered by an out-of-network provider, if a patient is uninsured, or if a patient elects not to use their insurance.

Additionally, we are required to provide you with a Good Faith Estimate of the cost of services. It is difficult to determine the true length of treatment for mental health care. Therefore, below you will find a fee schedule for the services offered by your provider with the estimated yearly cost for each service.

**Post Intake/First Appointment:**

Upon completion of your first appointment, your provider will email you an updated revised good faith estimate, which should include your diagnosis, estimated number of yearly sessions and total cost of services for 12 months. You are required to sign an updated good faith estimate within **48 hours** of **your first appointment**.

Please review the Good Faith Estimate, below, and let your provider know if you have any questions. Please sign below for acknowledgment of receipt of this document and/or acknowledgment of receipt of this document is located on the general patient consent to treat form.

Sincerely,

Greg Smith, MS, APRN, PMHNP  
Psychiatric Nurse Practitioner

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**New Patient Medication Evaluation /First Appointment**

Typically lasts for: **Up to 55 Minutes**

**New Patient Medication Evaluation /First Appointment *Total Estimate: \$125.00***

**Follow Up Appointments/Medication Review/Medication Management**

\$ 75.00/ Appointment (Up to 30 Mins)

\$125.00/ Appointment (up to 55 Min)

For follow up appointments, patients are typically seen, at minimum, on a monthly basis until medication is completely stable. ***\*Please keep in mind that you may be required to see your provider more often depending on your individualized circumstance.***

**Patient Total Yearly Estimate Follow Up Appointments/Medication Management:**

11 Months at once/month at \$75.00/ Appointment

**Total Estimate for Minimum Follow Up Appointments: \$885.00**

**Patient Total Yearly Estimate Follow Up Appointments/Medication Review/ Medication Management (Bi-Monthly/ Twice per Month) :**

11 Months at twice/month at \$75.00/ Appointment

**Total Estimate for Bi-Weekly Follow Up Appointments: \$1,800**

**Good Faith Estimate:**

My signature on this document represents that I have received a pre-evaluation Good Faith Estimate and I understand and agree to the information therein. Further, I consent to use an electronic signature/physical signature (patient's choice) to acknowledge this agreement.

**Patient Name (Print):** \_\_\_\_\_

**Patient Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_