

No Surprises Act 2025 and Good Faith Estimate

Nevitta Mason Counseling, LLC
DBA Mariposa Healing With Faith
809 N. Humphreys St, Flagstaff, AZ 86001
928-288-5454 nevitta@mariposaflagstaff.com
www.mariposaflagstaff.com
THE NO SURPRISES ACT

STANDARD NOTICE AND CONSENT DOCUMENTS

(OMB Control Number: 0938-1401)

SURPRISE BILLING PROTECTION FORM

The purpose of this document is to let you know about your protections from unexpected medical bills. It also asks whether you would like to give up those protections and pay more for out-of-network care.

You're getting this notice because this provider or facility isn't in your health plan's network. This means the provider or facility doesn't have an agreement with your plan.

Getting care from this provider or facility could cost you more.

If your plan covers the item or service you're getting, federal law protects you from higher bills:

- When you get emergency care from out-of-network providers and facilities, or
- When an out-of-network provider treats you at an in-network hospital or ambulatory surgical center without your knowledge or consent.

Ask your health care provider or patient advocate if you need help knowing if these protections apply to you.

If you sign this form, you may pay more because:

- You are giving up your protections under the law.
- You may owe the full costs billed for items and services received.
- Your health plan might not count any of the amount you pay towards your deductible and out-of-pocket limit.

Contact your health plan for more information.

You **shouldn't** sign this form if you **didn't** have a choice of providers when receiving care. For example, if a doctor was assigned to you with no opportunity to make a change.

Before deciding whether to sign this form, you can contact your health plan to find an in-network provider or facility. If there isn't one, your health plan might work out an agreement with this provider or facility, or another one.

See the last page for your cost estimate.

Estimate of what you could pay

Out-of-network provider(s) or facility name: Nevitta Mason Counseling, LLC

DBA Mariposa Healing With Faith

Total cost estimate of what you may be asked to pay: It is your ethical right to determine your goals for treatment and how long you would like to remain in therapy unless you are pursuing mandatory treatment. Please see the breakdown of possible fees on page four.

- **Review your detailed estimate.** See page five for a cost estimate for each item or service.
- **Call your health plan.** Your plan may have better information about how much of these services are reimbursable.
- **Questions about this notice and estimate?** Call Nevitta Mason at 928-288-5454
- **Questions about your rights?** Contact: Arizona Board of Behavioral Health [\(602\) 542-1882](tel:6025421882)

Prior authorization or other care management limitations

Except in an emergency, your health plan may require prior authorization (or other limitations) for certain items and services. This means you may need your plan's approval that it will cover an item or service before you get them. If prior authorization is required, ask your health plan about what information is necessary to get coverage.

More information about your rights and protections

Visit <https://www.cms.gov/files/document/model-disclosure-notice-patient-protections-against-surprise-billing-providers-facilities-health.pdf> for more information about your rights under federal law.

By signing, I give up my federal consumer protections and agree I might pay more for out-of-network care.

With my signature, I am saying that I agree to get the items or services from:

Nevitta Mason Counseling, LLC, DBA Mariposa Healing With Faith

With my signature, I acknowledge that I am consenting of my own free will and am not being coerced or pressured. I also understand that:

- I'm giving up some consumer billing protections under Federal law.
- I may get a bill for the full charges for these items and services or have to pay out-of-network cost-sharing under my health plan.
- I was given a written notice before services started, explaining that my provider or facility isn't in my health plan's network, the estimated cost of services, and what I may owe if I agree to be treated by this provider or facility.
- I got the notice either on paper or electronically, consistent with my choice.
- I fully and completely understand that some or all amounts I pay might not count toward my health plan's deductible or out-of-pocket limit.
- I can end this agreement by notifying the provider or facility in writing before getting services.

IMPORTANT: You **don't** have to sign this form. But if you don't sign, this provider or facility might not be able to treat you.

Take a picture and/or keep a copy of this form.

It contains important information about your rights and protections.

Nevitta Mason Counseling, LLC

DBA Mariposa Healing With Faith

809 N. Humphreys St, Flagstaff, AZ 86001

928-288-5454, nevitta@mariposaflagstaff.com

www.mariposaflagstaff.com

FEDERAL TAX ID: 85-4154032

NPI#: 1588208268

#

More details about your estimate

Out-of-network facility name: Nevitta Mason Counseling, LLC/Mariposa Healing With Faith

The amount below is only an estimate; it isn't an offer or contract for services. This estimate shows the full estimated costs of the items or services listed. It doesn't include any information about what your health plan may cover. This means that **the final cost of services may be different than this estimate.**

Contact your health plan to find out how much, if any, your plan will pay and how much you may have to pay.

GOOD FAITH ESTIMATE

TABLE OF SERVICES AND FEES

Date of

Service (If Known)

Service code

(CPT Code)

Description

Fee for Service (Number of Sessions Will Be Determined as We Progress)

90791

Initial Individual Diagnostic Evaluation-90 minutes(can be broken up into 2 sessions, dependent on which therapist)

\$310 Courtney/\$330 Nevitta/\$200 Rebecca

Initial Family/Couples Diagnostic Evaluation-90 minutes(can be broken up into 2 sessions, dependent on which therapist)

\$360 for Courtney/\$380 for Nevitta/\$250 for Rebecca

90834

Psychotherapy, 45-50 minutes(This fee is my hourly rate & used for all calculations as indicated)

\$155 for Courtney/\$165 for Nevitta/\$100 for Rebecca

90839

Psychotherapy for a Crisis (45-50 minutes)

\$155 for Courtney/\$165 for Nevitta/\$100 for Rebecca

90887

Collateral Visit-custody related tasks, phone calls with legal parties, per hour

\$250 for Courtney/\$275 for Nevitta/\$200 for Rebecca

90846

Family Psychotherapy without Patient Present, 50 minutes

\$180 for Courtney/\$190 for Nevitta/\$125 for Rebecca

90847

Family Psychotherapy with Patient Present, 50 minutes

\$180 for Courtney/\$190 for Nevitta/\$125 for Rebecca

99075

Testimony or Deposition , daily rate

\$1800 for Courtney/\$2000 for Nevitta/\$1500 for Rebecca

Cancellation Fee

Your Therapist Requires a 24-Hour Cancellation Fee

You are Responsible for the Entire Session Fee of the Appointment Missed without 24 hrs notice.

Total Estimate:

This Good Faith Estimate explains your therapist's rate for each service provided. Your therapist will work with you throughout your treatment to determine how many sessions you need to receive the greatest benefit based on your diagnosis(es)/presenting issues.

Please note that Place of Service (in office vs. telehealth) is not delineated above since the charges are identical.

This Good Faith Estimate increase begins 6/15/2025 and will be updated on 1/1/2026.