

**Pivot Behavioral Health**  
Office of Emerson Epstein, PhD  
611 W Briar Pl, Ste 6  
Chicago, IL 60657

**Financial Policies**

Welcome to Pivot Behavioral Health (PBH). We are committed to providing you with quality care. As a part of this commitment, it is important for you to have a clear understanding of the payment process. Thus, please read this document carefully. If you have any questions, please let us know.

**Payment Policy**

Insurance is not currently being accepted at PBH. Fees are due at the time of your appointment. Cash, check, and credit card are accepted forms of payment. Please make personal checks payable to Pivot Behavioral Health, PLLC. However, a **\$40.00 fee** will be charged **for any returned checks**. We will charge your credit card account on file for any fees not collected at the time of service and for any outstanding account balances over 30 days from the date that services were provided, including fees due to late cancellation or not attending scheduled appointments.

**Credit Card Information**

I authorize Pivot Behavioral Health to keep my signature on file and to charge my credit card account listed below for any fees for services not collected at the time of service and for any outstanding account balances over 30 days from the date that services were provided, including fees due to late cancellation or not attending scheduled appointments. I also understand that this authorization is valid until I cancel the authorization through written notice to Pivot Behavioral Health.

Credit Card: \_\_\_\_\_

Security Code: \_\_\_\_\_ Type: ☐ Master Card, ☐ Visa, ☐ Discover Card

Client's Full Name: \_\_\_\_\_

Card Holder's Name: \_\_\_\_\_

Card Holder's Signature: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

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**Good Faith Estimate**

Effective January 2022, if you are paying for services out-of-pocket, you have the right to receive a Good Faith Estimate (GFE) of how much your healthcare services will cost. This GFE shows the costs that are reasonably expected for the services needed to address your health care needs. Cost of services are based on market rates from similar practices. The cost of an initial intake evaluation is \$250, while the cost of a 50-minute appointment is \$140 and a 25-minute appointment is \$70. However, we *may* be able to reduce these rates depending on your income.

Sliding Scale Calculation - We offer a sliding scale fee structure, which is based on your household income divided by the number of people, including you, in your household. This will generate your “sliding scale income.” We may ask for proof of household income and dependents and this information may impact your final GFE.

Household Income: \_\_\_\_\_ /  
Number of Occupants: \_\_\_\_\_ =  
Sliding Scale Income: \_\_\_\_\_

Your sliding scale income falls within one of the following ranges. Place a checkmark next to the range you fall in. We unfortunately cannot sustain a practice if too many clients are paying the lowest amount. Dr. Emerson Epstein may negotiate a price with you that works for both parties. Your **final agreed upon fees** will be indicated **at the end of the next page**.

	SS Income Range	Intake Appt	50-Minute Appt	25-Minute Appt
<input type="checkbox"/> G	\$200,000 or greater	\$250	\$140	\$70
<input type="checkbox"/> F	\$199,999 - \$150,000	\$200	\$120	\$60
<input type="checkbox"/> E	\$149,999 - \$100,000	\$150	\$100	\$50
<input type="checkbox"/> D	\$99,999 - \$75,000	\$100	\$80	\$40
<input type="checkbox"/> C	\$74,999 - \$50,000	\$75	\$60	\$30
<input type="checkbox"/> B	\$49,999 - \$25,000	\$50	\$40	\$20
<input type="checkbox"/> A	Less than \$25,000	\$25	\$20	\$10

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This GFE is *not* a contract. It does not obligate you to accept the services listed above. Keep a copy of this GFE in a safe place or take pictures of it. You may need it if you are billed more than \$400 than the estimate provided above.

Dispute Your Bill - If you are billed for \$400 more (per provider) than this GFE, you have the right to dispute the bill. You may contact Dr. Emerson Epstein at [info@pivotbehavioral.com](mailto:info@pivotbehavioral.com) to let them know the billed charges are at least \$400 higher than this GFE. You can ask them to update the bill to match the GFE, ask to 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 (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 GFE. 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](http://www.cms.gov/nosurprises) or call Centers for Medicare and Medicaid Services (CMS) at 1-800-985-3059.

For questions or more information about your right to a Good Faith Estimate or the dispute process, visit [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) or call CMS at 1-800-985-3059 .

*Final Agreed Upon Fees*

The final agreed upon fee for services are as follows:

Intake Appt	50-Minute Appt	25-Minute Appt

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Cancellation Policy**

When you make an appointment, the time is reserved for you. If you need to cancel, please call at least 24-hours ahead. If you have been charged by then, you will receive a full refund. Otherwise you will be charged a fee equivalent to your appointment cost. If you do not show up for your appointment and do not call to cancel, you will be charged a fee equivalent to your appointment cost. Late arrivals (15 minutes late) will either be rescheduled or the appointment will be shortened. Either way, you will be responsible for paying the full amount of that appointment.