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

Fee Agreement

This Fee Agreement ("Fee Agreement") describes the fees for services charged by Pivot Behavioral Health ("PBH"), including when appointments are canceled or no-showed. Full payment for each therapy session is due after the session and may be charged to your insurance company or the credit card on file, as described below. Peer support groups are free and you will not be charged for this service.

Insurance Claims

If your treatment is covered by insurance, PBH will bill your insurance company directly. Your insurance plan may cover all or part of the cost of therapy. You are responsible for any part of this cost not covered by insurance, such as deductibles, copays, or coinsurance. You may also be responsible for any services not covered by your insurance. You are responsible for determining which services are covered by your insurance company.

Out-of-Pocket Payments

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 document contains a GFE describing the costs that are reasonably expected for the services needed to address your needs. Cost of services are based on market rates from similar practices in the Chicago area. The cost of an initial intake evaluation is $240, while a 50 to 60 minute appointment is $200 and a 25 to 30 minute appointment is $100. However, PBH *may* be able to reduce these rates depending on your income, as described below.

Sliding Scale Calculation: PBH offers 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." PBH may ask for proof of household income and dependents and this information may impact your final GFE. Unless otherwise agreed with PBH in writing, your cost of services will be based on the sliding scale income calculated using the information that you provide in this document (annual household income / number of people in your household)(annual household income / number of people in your household):

Household Income: _____ /
Number of Occupants: _____ =
Sliding Scale Income: _____

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The cost of services based on your sliding scale income will generally be as follows:

	SS Income Range	Intake Appt	50-60 Min Appt	25-30 Min Appt
☐	$200,000 or greater	$240	$200	$100
☐	$199,999 - $175,000	$220	$180	$90
☐	$174,999 - $150,000	$200	$160	$80
☐	$149,999 - $125,000	$180	$140	$70
☐	$124,999 - $100,000	$160	$120	$60
☐	$99,999 - $80,000	$120	$100	$50
☐	$79,999 - $60,000	$100	$80	$40
☐	$59,999 - $40,000	$80	$60	$30
☐	$39,000 - $20,000	$60	$40	$20
☐	Less than $20,000	$40	$20	$10

PBH unfortunately cannot sustain a practice if too many clients are paying the lower amounts. PBH may negotiate a price with you that works for both parties.

This GFE is *not* a contract. It does not obligate you to accept the services listed above. This GFE will be reviewed annually and may be updated if services or rates change significantly. 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 the estimate provided above and wish to dispute your bill.

Dispute Your Bill: If you are billed $400 more (per provider, per appointment) than this GFE, you have the right to dispute the bill. You may contact PBH at 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.

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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 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 or call CMS at 1-800-985-3059.

Cancellation Policy: If you need to cancel an appointment, please call at least 24 hours ahead or you may be charged for that appointment. If you do not show up for your appointment and do not notify PBH, you will be charged for that appointment. Late arrivals (15 minutes late) may be rescheduled or the appointment will be shortened. Either way, you will be responsible for paying the full amount of that appointment. If you are experiencing symptoms of an illness (for example, influenza, coronavirus), you can switch to a telehealth appointment or cancel. If you need to cancel, you will not be charged a late cancellation fee.