Kentuckiana Behavioral Services LLC

938 E. Washington St., Suite 2

Louisville, Ky 40206

(502) 548-1146

[Rebecca@kentuckianabehavioralservices.com](mailto:Rebecca@kentuckianabehavioralservices.com)

In compliance with the NO SURPRISE ACT that went into effect January 1, 2022, all healthcare providers are required to notify clients of their federal rights and protection against “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 client is uninsured, or if a client elects not to use their insurance. I will always tell you my fee prior to treatment so that there are “No Surprises”.

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 therapy, and each client has a right to decide on how long they would like to participate in therapy. There is a fee schedule for services typically offered by your therapist, and I will collaborate with you on a regular basis to determine how many sessions you may need. **It is a federal requirement that we have each client sign this form to begin/resume treatment**. Please sign, date and return/submit this form before your appointment.

If you believe you’ve been wrongly billed, you may contact, [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) or call HHS at (800) 985-3059.

**This document is not a contract and does not obligate you to obtain services from me or this office. Therapy is and always will be voluntary and unique to fit your specific needs. *Please print this document for your files*. If you have questions, please feel free to ask.**

Thank you,

Rebecca Arterburn, MA-ABA, MMFT

Behavioral Analyst

Marriage & Family Therapist Associate #246942

EMDR Level 1

Havening Certified Practitioner

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