

JENNIFER MANIACI SERRENTINO, MD
414 MAIN STREET, SUITE 203A
PORT JEFFERSON, NY 11777
631-704-5348
NPI: 1760524284
EIN: 46-1399766

GOOD FAITH ESTIMATE

Date: _____

Patient Name: _____

Patient date of birth and contact information (address, phone number):

Services being rendered:

[For new patients]: Initial Psychiatric Evaluation (90792) to access for mental health/substance use disorders

[For established patients] Evaluation and management services/office visit in conjunction with psychotherapy services; Adjustment Disorder with Mixed Anxiety and Depressed Mood; F43.23

List of Fees including applicable CPT codes:

90792 Psychiatric Diagnostic Evaluation with Medical Services: \$450
99212 Office evaluation and management service [Straightforward]: \$160
99213 Office evaluation and management service [Low]: \$160
99214 Office evaluation and management service [Moderate]: \$160

90833 Psychotherapy, 30 minutes: \$160
90836 Psychotherapy 45 minutes: \$160
99443 Medical Evaluation and Management Phone Session: \$160

Date of Service(s): (current calendar year) _____ [RECURRING – [Semi-Monthly-Monthly] for 12 months]

Estimated cost: \$2,850 within next 12 months [(\$450 initial eval if applicable +(\$160) x (15 visits)]

Disclaimers:

This Good Faith Estimate shows the costs of items and services that are reasonably expected for your health care needs for an item or service. The estimate is based on information known at the time the estimate was created. The Good Faith Estimate does not include any unknown or unexpected costs that may arise during treatment. You could be charged more if complications or special circumstances occur. If this happens, federal law allows you to dispute (appeal) the bill.

If you are billed for more than this Good Faith Estimate, you have the right to dispute the bill. You may contact the health care provider or facility listed to let them know the billed charges are higher than the Good Faith Estimate. You can ask them to update the bill to match the Good Faith Estimate, 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 Good Faith Estimate. If the agency disagrees with you and agrees with the health care provider or facility, you will have to pay the higher amount.