



**Scanlan Center for  
School Mental Health Clinic**

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**Scanlan Center for School Mental Health Clinic**

*Notice of Your Right to Receive a Good Faith Estimate and Additional Information*

Beginning January 1, 2022, health care providers are required to estimate the cost of services for patients self-paying or not using their insurance because the provider is out of network for their benefits. We are required to provide an estimate of planned services so that you can make the best decision about your own health care services and expenses.

Upon request or upon scheduling a self-pay appointment, we will provide a list of expected charges for your services in the Scanlan Center for School Mental Health Clinic. It is likely that your provider will over-estimate the cost of services to provide you with the maximum expected out-of-pocket cost. This estimate is based on information known at the time the estimate was created. If additional services are requested or recommended, a new estimate will be provided. These estimated costs are valid for 12 months after the date of the Good Faith Estimate. The Good Faith Estimate is not a contract and does not obligate you to obtain the services included in the estimate. Please talk with your provider about the estimate if you have questions or concerns.

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 provider 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 financial assistance is 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, you will have to pay the higher amount.

Services and Fees Schedule (Effective 9/1/2024 through 6/30/2025)

Individual and Group Counseling:

<u>Code</u>	<u>Service</u>	<u>SCSMH Fee</u>
90791	Therapy Intake/Diagnostic Evaluation	\$235
90832	Therapy Session, 30 minutes	\$110
90834	Therapy Session, 45 minutes	\$140
90837	Therapy Session, 60 minutes	\$210
90847	Family Therapy with patient	\$135
90853	Group Therapy session	\$70
+90785	Interactive Complexity	\$20

Psychiatry:

<u>Code</u>	<u>Service</u>	<u>SCSMH Fee</u>
90792	New Evaluation	\$265
99213	Return Visit, 20-29 minutes	\$130
99214	Return Visit, 30-39 minutes	\$185
99215	Return 40+ minutes	\$260
+99417	Outpatient extra 15 min	\$50

Note: The SCSMH Clinic is credentialed with most major medical insurance companies, including Medicaid. If you have medical insurance, please contact your insurance company to determine whether you may be responsible for any out-of-pocket costs for these services.