Scanlan Center for
School Mental Health Clinic
500 Blank Honors Center
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Iowa City, Iowa 52245
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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.

SCSMH Clinical Services Fee Schedule

Valid through 6/30/2027

Counseling:

Code	Service	SCSMH Fee
90791	Diagnostic Evaluation	$250
90832	Therapy Session, 30 minutes	$115
90834	Therapy Session, 45 minutes	$155
90837	Therapy Session, 60 minutes	$225
90847	Family therapy with patient	$150
90853	Group Therapy	$70
+90785	Interactive Complexity	$25

Assessment:

Code	Service	SCSMH Fee
90791	Diagnostic Evaluation	$250
96112	Developmental Testing & Interp – 1st hour	$255
+96113	Developmental Testing & Interp – Addt'l 30 min	$110
96130	Psychological Evaluation – 1st hour	$250
+96131	Psychological Evaluation – Addt'l hour	$175
96136	Psych Testing with Psychologist – First 30 min	$85
+96137	Psych Testing with Psychologist – Addt'l 30 min	$75
96138	Psych Testing with Trainee – First 30 min	$70
+96139	Psych Testing with Trainee – Addt'l 30 min	$70
90847	Family therapy with patient	$150
+90785	Interactive Complexity	$25

Psychiatry:

Code	Service	SCSMH Fee
90792	Psychiatric Medical Diagnostic Evaluation	$275
99213/98005	Return Psychiatry, 30 min	$135
99214/98006	Return Psychiatry, 30-39 min	$185
99215/98007	Return Psychiatry, 40+ min	$260
+99417	Outpatient service, extra 15 min	$45

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.