

GABRIELLE SHAPIRO, M.D., DLFAPA, DFAACAP
Good Faith Statement for Health Care Under the No Surprises Act
LEGAL AND FEE POLICY AGREEMENT

No Surprises Act Disclosures

The “No Surprises Act” enacted by Congress, effective 2022, requires clinical providers to disclose fees to patients in writing annually. It also requires clinical providers to provide a good faith estimate of treatment duration.

Fees: January 1, 2025

- Individual 45-minute psychotherapy conducted on a weekly, on-going basis = \$800
- Couples therapy conducted weekly, bi-weekly, or monthly = \$800
- Individual independent consultation = \$1,500-2,500.
- Initial Evaluation Fee:
 - \$2,500 Adults
 - \$4,000 Children & Adolescents

Fractions or extensions of 45-minute meetings will result in proportional fee adjustments.

Communication

You agree that Dr. Shapiro can communicate with you by phone, email, and text.

Remote Treatment

You agree to use telephone and/or videoconferencing for sessions and consent to this level of privacy.

Treatment Duration

Duration of treatment—both number and frequency of sessions—is case dependent and individualized. These decisions will be made in consultation in on-going dialogue with you and Dr. Shapiro.

Payment

Payment should be made at time of service with Dr. Shapiro. You may pay by Zelle, Venmo, e-check, or cash. Currently, Dr. Shapiro does not accept insurance.

Cancellations

Cancellations made less than 72 hours from a scheduled appointment will be billed.

If you have any questions, please contact Dr. Shapiro.

I agree to the above statement.

Patient Name

Date