

You have the right to receive a "Good Faith Estimate" explaining how much your medical care will cost.

Under the law, health care providers need to give **patients who don't have insurance or who are not using insurance** an estimate of the bill for medical items and services:

•You have the right to receive a Good Faith Estimate for the total expected cost of any nonemergency items or services. This includes related costs like medical tests, prescription drugs, equipment, and hospital fees.

•Make sure your health care provider gives you a Good Faith Estimate in writing at least 1 business day before your medical service or item. You can also ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule an item or service.

• If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill.

• Make sure to save a copy or picture of your Good Faith Estimate.

For questions or more information about your right to a Good Faith Estimate, visit <u>https://www.cms.gov/nosurprises/consumers</u>



Under the law, health care providers must give patients who do not have insurance or who are not using their insurance an estimate of the bill for medical items and services.

- You have the right to receive a Good Faith Estimate for the total expected costs of any nonemergency service.
- If you receive a bill that is more than \$400 over the Good Faith Estimate you can dispute the bill.

Good Faith Estimate for Behavioral Health Services

Patient Information			
First Name	Middle Name	Las	st Name
Patient Date of Birth			
Patient ID # (Completed by office)			
Contact Information			
Address			
City	State Zip Code		
Phone			
Email Address			
Patient's Contact Preference:	🗆 By mail 🛛 🗆 By email		
Patient Diagnosis & Estimated Charges			
Services and Rates:			
Masters Level Providers	Initial Session	Follow-up Sessions	Late Cancel/No-Show Fee
including LPC & LMFT	\$150.00	\$130.00	\$75.00
Doctoral Level Providers,	Initial Session	Follow-up Sessions	Late Cancel/No-Show Fee
Ph.D.	\$175.00	\$145.00	\$125.00
Reduced Fee Clients-	Initial Session	Follow-up Sessions	Late Cancel/No-Show Fee
Contracted amount based on			Half of the contracted amount
Federal Poverty Scale			
Estimates of other services are available upon request depending on services determined to be			
advantageous to client after diagnosis and treatment plan are established.			
Signature:			



The estimated costs are valid for 12 months unless another Good Faith Estimate is provided with 30 days notice to the client for any change in rates. Note: Policies for late cancellation fees and missed session fees have been updated and will be assessed for all clients.

Disclaimer

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.

To learn more and get a form to start the process, go to <u>www.cms.gov/nosurprises</u> or call the No Surprises Held Desk at 1-800-985-3059.

For questions or more information about your right to a Good Faith Estimate or the dispute process, visit <u>www.cms.gov/nosurprises</u> or call 1-800-985-3059.

Keep a copy of this Good Faith Estimate in a safe place or take pictures of it. You may need it if you are billed a higher amount.