



GOOD FAITH ESTIMATE

Under the No Surprises Act (HR133, Title 45 Section 149.610), below is a “Good Faith Estimate” (GFE) of expected charges for services to be provided.

You are entitled to receive this GFE of the charges for psychotherapy services provided to you. While a psychotherapist cannot know how many sessions may be necessary or appropriate for a given person, this form estimates the cost of services offered.

Your total cost of services will depend upon the number of psychotherapy sessions you attend, your circumstances, and the type and amount of services provided to you.

This GFE is not a contract and does not obligate you to obtain any services from the provider(s) listed. It does not include any services that may be recommended to you during treatment that are not identified here.

This GFE is not intended to serve as a recommendation for treatment or a prediction that you may need to attend a specified number of psychotherapy visits. The number of visits that are appropriate in your case and the estimated cost for those services depend on your needs and what you agree to in consultation with your therapist.

You are entitled to disagree with any recommendations regarding your treatment and may discontinue treatment at any time.

You have a right to dispute a bill if the amount charged substantially exceeds the estimated charges stated in your GFE (which means \$400 or more beyond the estimated charges).

Initiating the dispute process will not adversely affect the quality of services rendered to you. 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 GFE, ask to negotiate the bill, or ask if payment plan 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 this process, you must start it within 120 calendar days (about four months) of the date on the original bill.

The dispute process costs \$25. If the agency reviewing your dispute agrees with you, you must pay the price on this GFE. If the agency disagrees with you, you must pay the higher amount.

To learn more and get a form to start the process, go to www.cms.gov/nosurprises or call HHS at (800) 368-1019.