

## **Good Faith Estimate for Self-Pay Clients:**

*You have the right to receive a “Good Faith Estimate” explaining how much your medical and mental health care will cost.*

Under the law, health care providers need to give clients who don't have insurance or who are not using insurance an estimate of the expected charges for medical services, including psychotherapy services.

- You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency healthcare services, including psychotherapy services.
- You can ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule a 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 [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises).*

### **Good Faith Estimate**

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This document is a legal requirement providing you with the maximum amount you could spend on services so that in the event that you were charged more than this you could file claim.

This "good faith estimate" is the most you would pay per year if you were to attend psychiatric appointments monthly for the entire year without skipping any months for holidays, break, vacation, unplanned events, sickness, etc. This does not account for insurance coverage.

The following is the theoretical maximum you would pay per year for monthly psychiatric medication management appointments with a PMHNP:

- 1 initial intake appointment (\$395)
- 11 30-minute follow up appointments (\$2,145)
- 1 emergency appointment (\$195)
- Total \$2,735

In addition, there are no show/late fees, documentation fees, legal process fees which cannot be determined at this time.

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This Good Faith Estimate shows the costs of services that are reasonably expected for the expected services to address your mental health care needs. The estimate is based on the information known to us when we did the estimate.

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.

You may contact the contact listed above if billed charges are higher than the Good Faith Estimate. You can request an update to 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:  
[www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) or call CMS at 1-800-985-3059.

For questions or more information about your right to a Good Faith Estimate or the dispute process, visit [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) or call CMS at 1-800-985-3059 .

This Good Faith Estimate is not a contract. It does not obligate you to accept the services listed above.