

## **GOOD FAITH ESTIMATE NOTICE**

*This notice is pursuant to the No Surprises Act (HR133, Title 45 Section 149.610). The Act requires providers to inform their uninsured and private pay patients that they have a right to a "Good Faith Estimate" to help them estimate the expected charges they may be billed.*

### **Notice to current and prospective clients:**

Under the law, health care providers are required to provide private pay and/or uninsured clients with an estimate of the expected charges for 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, or at any time during treatment.

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, or how to dispute a bill, see your Estimate, or visit [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises).