

# Good Faith Estimate

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*\* indicates a required field*

## Client Information

**Client received this notification on the below date.**

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.

Total Expected Charges from [Provider/Facility]: 90791 Psychiatric Diagnostic Evaluation \$150/session 90837 Psychotherapy, 60 min \$135/session 90834 Psychotherapy, 45 min \$104/session 90832 Psychotherapy, 30 min \$73/session 90847 Family psychotherapy w/the patient present \$135/session 90846 Family Psychotherapy without patient present \$135/session Late cancellation/No show fee \$100/occurrence

## 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.**

## **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 [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) or call HHS at (800) 368-1019. 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 (800) 368-1019. 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.

**\* I acknowledge receipt and accept the terms of this Good Faith Estimate for Health Care Items and Services.** \_\_\_\_\_

I consent to sharing information provided here.