

## **Your Right to Receive a “Good Faith Estimate”**

Under the federal **No Surprises Act**, health care providers are required to give clients who do not have insurance or who are not using insurance an estimate of expected charges for medical items and services. This is called a **Good Faith Estimate**.

## **What This Means For You**

You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency services. This includes counseling sessions, assessments, and any related fees that may be charged. This estimate will be provided in writing before your service begins. If your session costs more than the estimate by \$400 or more, you can dispute the bill.

## **When You Will Receive It**

If you schedule a service at least 3 business days in advance, you will receive your estimate within 1 business day.

If you schedule at least 10 business days in advance, you will receive it within 3 business days. You can also request a Good Faith Estimate before scheduling a session.

## **How to Dispute a Bill**

If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the charge. For more information about your rights, visit [www.cms.gov/nosurprises](https://www.cms.gov/nosurprises) or call 1-800-985-3059.

## **My Commitment to Transparency**

I believe you deserve clear information about your care and costs. I am happy to discuss session fees, insurance, and payment options at any time.