

Good Faith Estimate Notice

You have the right to receive a Good Faith Estimate that explains the total expected cost of any non-emergency healthcare services, including psychotherapy.

Under the law, healthcare providers are required to give clients who are not using insurance an estimate of the expected charges for services.

This estimate will be provided in writing before services begin or upon request.

If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the charges.

Keep a copy of your estimate to compare with any bills you receive.

For more information, visit www.cms.gov/nosurprises.

If you have any questions, please ask. I am always happy to clarify fees or answer concerns.

Client Name (print): _____

Client Signature: _____

Date: _____