

# Hope Restored

— Counseling & Consulting, PLLC —

## Notice of Good Faith Estimate for Self-Pay or Uninsured Patients

Under the **No Surprises Act**, effective January 2022, health care providers and facilities must provide patients who are uninsured or choosing not to use insurance (self-pay) with an estimate of expected costs for services, including psychotherapy. This estimate, called a **Good Faith Estimate**, outlines the total anticipated costs of non-emergency services.

### Your Right to a Good Faith Estimate

- You have the right to receive a **Good Faith Estimate** detailing the total expected costs of any non-emergency services or items.
- Providers are required to deliver this estimate in writing within **1 business day** of scheduling the service.
- You may also request a **Good Faith Estimate** before scheduling any service.

### Is the Good Faith Estimate Binding?

The Good Faith Estimate is an estimate, meaning actual costs may vary. However, if you are uninsured or self-pay and your bill is **substantially higher** than the estimate (at least \$400 more than expected for a specific provider), you have the right to challenge the bill through a **patient-provider dispute resolution process**.

### Important Details to Keep in Mind

- Additional services or items recommended during care that were not included in the initial Good Faith Estimate must be scheduled or requested separately.
- A Good Faith Estimate is not a contract. You are not obligated to receive services from the provider or facility listed in the estimate.
- The estimate is based on the information available when it was created and does not account for unexpected costs, such as complications or special circumstances that may arise during treatment.

If unexpected charges occur, federal law allows you to dispute (appeal) the bill through the dispute resolution process. Initiating this process will not affect the quality of care you receive.

### Right to Dispute a Bill

If your final bill exceeds your Good Faith Estimate by **\$400 or more**, you can:

- Contact your provider or facility to discuss or negotiate the charges.
- Ask if financial assistance is available.
- Initiate a **dispute resolution process** with the U.S. Department of Health and Human Services (HHS) within **120 calendar days** of receiving the bill.

There is a **\$25 fee** to start this process. If the review finds in your favor, you will pay only the amount listed in your Good Faith Estimate. If not, you may be responsible for the higher amount.

## Additional Resources

- Save a copy of your **Good Faith Estimate** for your records.
- For more information about your rights under the **No Surprises Act**, visit [www.cms.gov/nosurprises/consumers](http://www.cms.gov/nosurprises/consumers) or call **1-800-985-3059**.

## Cash Payment Rates

- Initial Evaluation: \$250
- 40-45 Minute Session: \$150
- 55-60 Minute Session: \$190

