

NO SURPRISES ACT

Under Section 2799B-6 of the Public Health Service Act, health care providers and health care facilities are required to inform individuals both orally and in writing of their right to receive a "Good Faith Estimate" of expected charges upon request or at the time of scheduling their health care services. This act applies to individuals who do not have health insurance and those who have health insurance but who choose not to utilize their benefits.

While it is not possible for a psychotherapist to know, in advance, how many psychotherapy sessions may be necessary or appropriate for a given person, the "Good Faith Estimate" provides an estimate of the cost of services provided. Your total cost of services will depend upon the number of psychotherapy sessions you attend, your individual circumstances, and the type and amount of services that are provided to you. The estimate is not a contract and does not obligate you to obtain any services from the provider nor does it include any services that may be recommended to you that are not identified here.

The "Good Faith Estimate" is not intended to serve as a recommendation for care or a prediction that you may need to attend a specified number of psychotherapy visits. The number of visits that are appropriate in your case, and the estimated cost for those services, depends on your needs and what you agree to in consultation with your therapist. You are entitled to disagree with any recommendations made to you concerning your care and you may discontinue care at any time.

You have a right to dispute a bill if the actual amount charged to you substantially exceeds the estimated charges stated in your Good Faith Estimate (which means \$400 or more beyond the estimated charges). Initiating the dispute process will not adversely affect the quality of services rendered to you. 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 the "Good Faith Estimate". If the agency disagrees with you, 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 or call HHS at **(800) 368-1019**. Keep a copy of your "Good Faith Estimate" in a safe place or take pictures of it. You may need it if you are billed a higher amount.

You are encouraged to speak with your provider at any time about any questions you may have regarding your care plan, or the information provided to you in the "Good Faith Estimate".