

Good Faith Estimate

Effective January 1, 2022, Federal Law (H.R. 133) health care providers are required to provide an estimate of cost of medical services to clients who do not have insurance or are not using insurance, upon request by the client

Disclaimer: This Good Faith Estimate shows the costs of services that are reasonably expected for the requested services to address your mental health care needs. The estimate is based on the information known to provider at the time the estimate was created. The information provided in the Good Faith Estimate is only an estimate. The Good Faith Estimate is not intended to serve as a recommendation or prediction of the services you will need or want. The actual duration of your services will be determined through ongoing evaluation and collaboration with your provider. This estimate does not include any unknown or unexpected costs that may arise during treatment based on changes in your mental health care needs. Throughout your treatment, it is possible that additional or more frequent services may be recommended based on your needs and provider's clinical assessment. These potential treatment changes cannot be predicted and therefore are not reflected in this estimate. If your needs change in a way that would impact this estimate a new estimate will be created. This estimate does not reflect possible costs outside of direct counseling services including fees for involvement of your provider in legal cases, completion of requested letters or paperwork pertaining to your treatment, and/or copying of medical records. Please refer to the Financial Agreement for more information about costs associated with these additional tasks. This estimate also may not reflect changes in frequency of services due to client or provider illness, vacation, inclement weather, and/or other unforeseen circumstances. This estimate does not reflect the potential for future changes within the practice, including increases to rates for services. If the practice makes changes to financial policies that affect this estimate you will be given prior notice and a new estimate created.

Patient Rights: You have the right to request a Good Faith Estimate for the total expected costs of any non-emergency mental health care services. This Good Faith Estimate is not a contract. It does not obligate you to accept the services listed. You can stop treatment at any time. You are only responsible for the cost of services that you have rendered. You aren't responsible for the total estimated amount unless you render the total amount of services. At any point in your treatment, if your treatment needs change, additional services will need to be scheduled with your consent and the understanding that any additional service costs are in addition to the Good Faith Estimate. If your needs change during treatment, your provider should supply a new, updated Good Faith Estimate to reflect the changes to treatment, and the accompanying cost changes. Federal law allows you to dispute (appeal) the bill for services if it is over \$400 of the most current estimate. Thus, if you are billed \$400 or more than the most current Good Faith Estimate, you have the right to dispute the bill. You may contact your provider at Center for Mindful Growth, PLLC at the phone number listed above to address billed charges that are higher than the Good Faith Estimate. You can request that the bill be adjusted 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 to access the form to start the dispute process, go to: www.cms.gov/nosurprises or call CMS at 1-800-985-3059. For questions or more information about your right to a Good Faith Estimate or the dispute process, visit www.cms.gov/nosurprises or call CMS at 1-800-985- 3059.