



No Surprises Act - Good Faith Estimate

This Good Faith Estimate shows the costs of items and services that are reasonably expected for your health care needs for an item or service. The estimate is based on information known at the time the estimate was created.

The Good Faith Estimate does not include any unknown or unexpected costs that may arise during treatment. You could be charged more if complications or special circumstances occur. If this happens, federal law allows you to dispute (appeal) the bill. If you are billed for more than this Good Faith Estimate, you have the right to dispute the bill.

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 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 get a form to start the process, go to **www.cms.gov/nosurprises** or call **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 1-800-985-3059.

Keep a copy of this Good Faith Estimate in a safe place or take pictures of it. You may need it if you are ever faced with unjustified charges.

Since no two patients are alike, it is difficult to forecast exactly what your treatment plan will entail and how many sessions you will require in order to meet goals. Each session will cost \$150/session for individuals and \$160/session for couples. Once the initial goal is met it will be at the discretion of both the clinician and the patient to discuss a plan moving forward and whether or not there will be new goals to address.

Diagnosis Code: Z03.89
Provider Name: April Gabriel-Ferretti
Provider NPI: 1285145656
EIN: 82-4070780
Patient Name:
Patient DOB:
Services Being Rendered: Psychotherapy
Date of initial Session:
Estimated Number of Sessions: No less than 10

I have read and understand the above and if I have any questions or concerns I am aware that I can speak to my therapist or utilize the contact information above.

Patient Name

Date