

Fully Licensed Professional Counselor; Nationally Board Certified Counselor; Advanced Certified Trauma Practitioner; Diplomate Clinical Mental Health Specialist-Trauma; Certified Clinical Anxiety Treatment Professional; Certified Clinical Telemental Health Provider

## No Surprise Law

## Notice to clients and prospective clients:

Your health benefit plan may or may not provide coverage for all of the health care services you are scheduled to receive or the providers providing those services. You may be responsible for the costs of the services that are not covered by your health benefit plan.

The nonparticipating provider must provide a good-faith estimate of the cost of the health care services to be provided. A good-faith estimate does not take into account unforeseen circumstances, which may affect the cost of the health care services provided.

You also have a right to request that the health care services be performed by a provider that participates with your health benefit plan, and may contact your carrier to arrange for those services to be provided at a lower cost and to receive information on in-network providers who can perform the health care services that you need.

Under the law, health care providers need to give clients who don't have insurance or who are not using insurance an estimate of the expected charges for medical services, including psychotherapy services.

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

You can ask your healthcare provider, and any other provider you choose, for a Good Faith Estimate before you schedule a service, or at any time during treatment.

If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill. Make sure to save a copy or picture of your Good Faith Estimate.

For questions or more information about your right to a Good Faith Estimate, or how to dispute a bill, see your Estimate, or visit <u>www.cms.gov/nosurprises</u>.

I have received, read, and understand this disclosure.

Patient or patient's representative's signature

Date

Type or print name of patient or patient's representative