

## **You have the right to receive a “Good Faith Estimate” explaining how much your medical care will cost**

Under the law, health care providers need to give **patients who don’t have insurance or who are not using insurance** an estimate of the bill for medical items and services.

- You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services. This includes related costs like medical tests, prescription drugs, equipment, and hospital fees.
- Make sure your health care provider gives you a Good Faith Estimate in writing at least 1 business day before your medical service or item. You can also ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule an item or service.
- 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, visit [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) or call 1-800-985-3059.

# Good Faith Estimate

<b>Patient</b>		
Patient First Name	Middle Name	Last Name
Patient Date of Birth: _____/_____/_____		
<b>Patient Mailing Address, Phone Number, and Email Address</b>		
Street or PO Box		Apartment
City	State	ZIP Code
Phone		
Email Address		
<b>Patient Diagnosis</b>		
Date/Time of Scheduled Appointment:		
Provisional Diagnosis		Primary Diagnosis Code
Provisional Diagnosis		Secondary Diagnosis Code

If scheduled, list the date(s) the Primary Service or Item will be provided:

Check this box if this service or item is not yet scheduled

Date of Good Faith Estimate: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

### Summary of Expected Charges

Provider Name

Each Session Cost

Estimated Total Cost Weekly for 6 Months

Estimated Total Cost BiWeekly for 6 Months

These are just estimated costs of treatment, they are subject to change on discussion with your therapist. Costs may change due to frequency of treatment, cancellations, length of treatment and other therapy services that are provided.