
Appendix F: Good Faith Estimate

Date of Good Faith Estimate: _____

This estimate applies to psychological services for 12 months from the date listed above.

The estimate below is the range of costs that is likely for most new clients. Until I do an initial evaluation and we start to work together, I will not have a clear picture of the client's specific diagnosis, issues, and needs. I typically see clients for _____ sessions for a total cost of \$____ - \$____. But in some cases, a client's issues may be more complicated, so we may need additional sessions during the time covered by this estimate.

If you have questions about this estimate, please contact [name] at [phone].

Details of the Estimate

The following is a detailed list of expected charges for an initial evaluation scheduled for _____ and recurring psychotherapy on a routine basis (likely weekly) thereafter. The estimated costs are valid for 12 months from the date of this Good Faith Estimate, unless I send you an updated Estimate.

| Service | Diagnosis Code (once determined) | Service code | Quantity | Cost per unit | Expected cost |
|---------|-------------------------------------|--------------|----------|------------------|---------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Total estimated cost: _____

Client information:

NPI Number: _____ TIN: _____

Client information:

Client Name _____ Date of Birth: _____

Disclaimer

This Good Faith Estimate shows the costs of services that are reasonably expected for the expected services to address your mental healthcare needs. The estimate is based on the information known to me when I did the estimate.

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 \$400 more than this Good Faith Estimate (GFE), you have the right to dispute the bill.

You may contact the psychologist at the contact listed on the first page to let them know the billed charges are at least \$400 higher than the GFE. You can ask them to update the bill to match the GFE, 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 GFE. If the agency disagrees with you and agrees with the healthcare 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 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.

This GFE is not a contract. It does not obligate you to accept the services listed above.

Keep a copy of this Good Faith Estimate (GFE) in a safe place or take pictures of it. You may need it if you are billed more than \$400 than the estimate provided above.