HealingHearts
THERAPEUTIC SERVICES, PLLC

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Good Faith Estimate & No Surprises Act Acknowledgement

Under federal law (the **No Surprises Act**), health care providers are required to give clients who do not have insurance or who are not using insurance an estimate of the expected charges for non-emergency services. This is called a **Good Faith Estimate**.

You have the right to receive a Good Faith Estimate explaining how much your mental health care is expected to cost if you are:

- Uninsured, or
- Choosing not to use insurance (self-pay or out-of-network)

The Good Faith Estimate:

- Will be provided in writing before services are rendered or upon request
- Is based on information known at the time it is prepared
- Is not a contract and does not require you to obtain services
- May change if your treatment needs change

If you receive a bill that is at least **$400 more** than your Good Faith Estimate, you have the right to dispute the bill through the U.S. Department of Health and Human Services (HHS).

You may learn more about your rights at:
www.cms.gov/nosurprises
or by calling **1-800-985-3059**

Acknowledgement

By electronically signing, I acknowledge that I have received this notice of my rights under the No Surprises Act and understand that I may request a Good Faith Estimate if I am uninsured or not using insurance.