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GOOD FAITH ESTIMATE

No Surprises Act

Information Regarding the No Surprises Act

In compliance with the No Surprises Act (H.R. 133), starting January 1, 2022, all clients have the right to receive a “Good Faith Estimate” explaining how much health care will cost. Under the law, health care providers need to give clients who do not have insurance or who are not using insurance an estimate of the bill for health care items and services. Clients 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. Clients should make sure their health care provider gives them a Good Faith Estimate in writing at least 1 business day before receiving health care services or items. Clients can also ask their health care provider, and any other provider they choose, for a Good Faith Estimate before scheduling an item or service. If a client receives a bill that is at least \$400 more than their Good Faith Estimate, they can dispute the bill. Clients should make sure they save a copy of their Good Faith Estimate.

This Good Faith Estimate is not intended to serve as a recommendation for treatment or a prediction that you may need to attend a specified number of psychotherapy visits. The number of visits that are appropriate in your case, and the estimated cost for those services, depends on your needs and what you agree to in consultation with your therapist.

You are entitled to disagree with any recommendations made to you concerning your treatment and you may discontinue treatment at any time.

You have a right to initiate a patient-provider dispute resolution process as specified in § 149.620 if the actual amount charged to you substantially exceeds the estimated charges stated in your Good Faith Estimate (which means \$400 or more beyond the estimated charges). The initiation of the patient-provider dispute resolution process will not adversely affect the quality of health care services furnished to an uninsured (or self-pay) individual by a provider or facility. You are encouraged to speak with your provider at any time about any questions you may have regarding your treatment plan, or the information provided to you in this Good Faith Estimate.

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.

For questions or more information about your right to a Good Faith Estimate, visit www.cms.gov/nosurprises or call your clinician. This Good Faith Estimate form is not a contract.