

NOTICE OF THE NO SURPRISES ACT AND THE GOOD FAITH ESTIMATES

You have the right to receive a “Good Faith Estimate” estimating how much your medical care will cost. Under the No Surprises Act, health care providers are required to give patients who do not have insurance or who are not using their insurance an estimate of the costs for medical items and services.

- You have the right to receive a Good Faith Estimate for the estimated total cost of any non-emergency items or services. This includes related costs like medical tests, prescription drugs, equipment, and hospital fees.
- You have the right to receive 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.
- It is recommended that you save a copy or picture of your Good Faith Estimate.

For questions or more information about your right a Good Faith Estimate, visit

www.cms.gov/nosurprises.

While it is not possible for your counselor to know, in advance, how many therapy sessions may be necessary or appropriate for a given person, a Good Faith Estimate provides an **estimate** of the cost of anticipated services provided. Your total cost of services will depend upon the number of therapy sessions you attend, your individual circumstances, and the type and amount of services that are provided to you. The Good Faith Estimate is not a contract and does not obligate you to obtain any services from Sarah E Counseling, nor does it include any services rendered to you that are not identified here. The 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 therapy visits. The number of visits that are appropriate in your situation, 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.

The fee for a 60-minute therapy visit (in person or via telehealth) (individual, couple, or family) is \$125.00. Most clients will attend one therapy visit per week, but the frequency of therapy visits that are appropriate in your situation may be more or less than once per week, depending upon your needs. Based on a fee of \$125.00 per visit, the following are estimated charges of therapy services for a period of 1 week, 3 months, 9 months, and 1 year:

Number of Weeks	Total Estimated Charges for 1 Session Per Week	Total Estimated Charges for 2 Session Per Week
1 Week of Service	\$125.00	\$250.00
13 Weeks of Services (Approx. 3 Months)	\$1,625.00	\$3,250.00
26 Weeks of Services (Approx. 6 Months)	\$3,250.00	\$6,500.00
39 Weeks of Services (Approx. 9 Months)	\$4,875.00	\$9,750.00
52 Weeks of Services (Approx. 12 Months)	\$6,500.00	\$13,000.00