



Good Faith Estimate Out-of-Network or Self-Pay Psychotherapy Services

Under the No Surprises Act (*H.R. 133*), health care providers are required to provide a Good Faith Estimate (GFE) for out of network care to client or patients who are uninsured or who are not using insurance benefits to pay for their services.

For new clients, the estimate below is the cost that is typical for most new patients. An initial evaluation is necessary to have a clear picture of your specific diagnosis, issues and needs and in some cases, a client's issues may be more complicated, requiring additional sessions during the time covered by this estimate.

For existing clients, the estimate below is based on your diagnosis and needs. However, depending on how treatment progresses, more or fewer sessions may be needed.

For all clients, your total cost of services will depend upon the number of psychotherapy sessions you attend, your individual circumstances, and the type and amount of services that are provided to you. If you have questions about this estimate, please contact Bright Horizons at (540) 602-7615.

This GFE is not intended to serve as a recommendation for treatment or a prediction of a specific frequency or length of treatment. You are not required to agree with any recommendations made and may discontinue treatment at any time.

Disclaimer

- This Good Faith Estimate shows the costs of services that are reasonably expected for the expected services to address your mental health care needs. The estimate is based on the information known to us when we 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 (per provider) than this Good Faith Estimate (GFE), you have the right to dispute the bill.**
 - You may contact the practice at the contact listed above 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 health care 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 below.
- 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.