

Simple Good Faith Estimate for Psychological Services

Client Name: _____ **DOB:** _____

Psychologist providing services: _____

Psychologist NPI #: _____ **DPC Tax ID #:** _____

Date of Good Faith Estimate: _____

For psychological services from _____ to _____

Brief explanation of estimate for new patients: The estimate below is the cost that is likely for most new patients. Until I do an initial evaluation and we start to work together, I will not have a clear picture of your diagnoses and needs. This Good Faith Estimate provides my best estimate of the services you will need. However, depending on how treatment progresses, more or fewer sessions may be needed.

Brief explanation for continuing patients: The estimate below is the cost that I think is likely for your psychological services over the time period covered by this estimate. However, depending on how treatment progresses, more or fewer sessions may be needed.

Contact: If you have questions about this estimate, please contact the DPC Front Desk at 218-722-2005.

Details of the Estimate: The following are the expected costs for psychological services for the dates specified above. The estimated costs are valid for 12 months from the date of this Good Faith Estimate, unless we send you an updated estimate.

Service	Diagnosis Code (once determined)	Service code	Quantity (# of sessions or units. Give number or range)	Cost per unit	Expected cost
Initial evaluation	[use ICD codes]	90791		\$	\$
Psychotherapy		90837, 90834, or 90832		\$	\$
				\$	\$
				\$	\$

Total estimated cost: _____

Client Signature: _____

Date: _____

Psychologist Signature: _____

Date: _____

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 me when we calculated this estimate.

The Good Faith Estimate does not include 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 your bill.

If you are billed for more than this Good Faith Estimate, you have the right to dispute the bill.

You may contact me at the phone number listed above to let them know the billed charges are higher than the Good Faith Estimate. You can ask them to 1) update the bill to match the Good Faith Estimate, 2) negotiate the bill, or 3) inquire about the availability of financial assistance..

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 four months) of the date on the original bill.

Note that 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.

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 Good Faith Estimate is not a contract. It does not obligate you to accept the services listed above.

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

Your Right to a Good Faith Estimate of Costs

Federal law requires health care providers to provide patients who don't have insurance, or who are not using insurance, an estimate of the expected charges for their services.

Therefore, if you do not use insurance to pay for services at the Duluth Psychological Clinic, you have the right to a "Good Faith Estimate" that explains how much your services at DPC will likely cost.

If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill. Make sure to save a copy or picture of your Good Faith Estimate.

For questions or more information about your right to a Good Faith Estimate, visit www.cms.gov/nosurprises or ask your psychologist at DPC.