

## “Good Faith Estimate for Health Care Items and Services” Under the No Surprises Act

Under Section 2799B-6 of the Public Health Service Act, health care providers and health care facilities are required to provide a good faith estimate of expected charges for items and services to individuals who are not enrolled in a plan or coverage or a Federal health care program, or not seeking to file a claim with their plan or coverage both orally and in writing, upon request or at the time of scheduling health care items and services. A good faith estimate must be provided within 3 business days upon request. Information regarding scheduled items and services must be furnished within 1 business day of scheduling an item or service to be provided in 3 business days; and within 3 business days of scheduling an item or service to be provided in at least 10 business days.

### Disclaimer:

This Good Faith Estimate shows the costs of items and services that are reasonably expected for your health care needs for an item or service. The estimate is based on information known at the time the estimate was created. 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 more than this Good Faith Estimate, you have the right to dispute the bill. You may contact the health care provider or facility listed to let them know the billed charges are higher than the Good Faith Estimate. You can ask them to update the bill to match the 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.

To learn more and get a form to start the process, go to [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises). For questions or more information about your right to a Good Faith Estimate or the dispute process, visit [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises). 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 a higher amount.

### **Services, CPT Codes, and Corresponding Fees:**

- Initial Assessment (CPT Code: 90791): \$200.00
- 60 Minutes, Psychotherapy (CPT Code: 90837) \$180.00
- Couple/Family Therapy (CPT Code: 90847) \$180.00
- Family Therapy without identified patient (CPT Code: 90846): \$180.00
- Emergency Consultation/Crisis Outside Normal Business Hours (CPT Code: 90839): \$270.00  
(first 60 minutes of crisis consultation services)
- Emergency Consultation/Crisis Service Outside Normal Business Hours (CPT Code: 90840): \$270.00  
(each additional 30 minutes beyond initial 60 minutes for crisis services/consultation)
- Interactive Complexity of Services (CPT Code: 90785): \$100.00
- Missed Appointment Fee or Late Cancellation Fee (no CPT Code): \$170.00
- Court/Legal Consultation Services – 15 minutes (CPT Code: H0046): \$68.75  
(Forensic Evaluation, Court Report Writing, Court Testimony, Travel Time)
- Expenses for Court/Legal Work if requiring travel:
  - Mileage (per mile) \$0.588
  - Meal Per Diem (dependent on city where court work is being conducted) \$59.00
  - Lodging (actual cost of room and tax) Varies