

4735 Massillon Rd. Unit 212 Green, OH 44232 330-595-9006

## **Good Faith Estimate**

You have the right to receive a "Good Faith Estimate" explaining how much your medical care will cost. Under the law (No Surprises Act), health care providers need to give client who do not have medical insurance with mental health benefits or who elect not to use their insurance an estimate of the possible cost for mental health services. You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency services. Your mental health provider will provide a Good Faith Estimate in writing before your medical service. You can also ask your health care provider for a Good Faith Estimate before you schedule an item or service. Please sign the estimate in Simple Practice prior to beginning services.

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 call the CMS No Surprises Help Desk at 1-800-985-3059.