

### Good Faith Estimate for Health Care Items and Services

#### **You have the right to receive a "Good Faith Estimate" explaining how much your medical care will cost**

Under Section 2799B-6 of the Public Health Service Act, health care providers need to give patients who don't have insurance or who are not using insurance an estimate of the bill for medical items and services. You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services. This includes related costs like medical tests, prescription drugs, equipment, and hospital fees. Make sure your health care provider gives you a Good Faith Estimate in writing at least one (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 begin treatment.

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](http://www.cms.gov/nosurprises).

This Good Faith Estimate is not a contract and does not require the uninsured or self-pay individual to obtain the items or services from any of the providers or facilities identified in the Good Faith Estimate herein. Its intention is to inform you of all fees for service and outline potential schedules and costs on a yearly basis; however, scheduling and treatment frequency is ultimately up to you.

#### **Length of Services**

Everyone comes to therapy with different concerns and experiences that are unique to them, making an estimate about the costs of therapy challenging. Response to treatment can be affected by different psychosocial factors and can potentially lengthen the process of therapy. The length of time and frequency you will need to be in therapy is based on your therapeutic goals, client and therapist schedules, client overall wants and needs, and any psychosocial/financial barriers that may arise.

Some people choose to seek therapy more long term and consider it an important aspect of their lives. Others choose to focus on one issue and then discontinue therapy when that issue has resolved. There is the potential throughout the course of treatment that it might be recommended to meet with more frequency (for example, moving from biweekly appointments to weekly appointments) and may move back to biweekly appointments once the issue of concern is stabilized. If treatment switches from biweekly to weekly sessions, the estimate of what services will cost in a 12-month period will change, reflective of however many weeks are left in the year multiplied by the fee per session.

Providers are unable to provide an estimate on the length of treatment or a specific diagnosis to a client that they have never met. The diagnosis provided below is a starting point and liable to change depending on the specific presenting issues. With this being said, communication is key to any healthy relationship. Should a financial hardship occur, you are encouraged to discuss your situation with your provider to determine the best resolution as it pertains to your continuity of care and the therapeutic relationship.

Should more time be required to meet your therapeutic goals, the therapists at Breakthrough Counseling will discuss your options with you at which time a new Good Faith Estimate may be created, your therapeutic services will end, or you will be referred to another provider.

You are allowed to terminate your therapy at any time. Below you will see a list of costs based on weekly totals equating in an estimate for one calendar year. These totals DO NOT account for no show/late cancelation fees, bank charges, crisis sessions, non-therapeutic charges e.g. documentation fees, banking fees, court/litigation fees, or other financial arrangements based on a case-by-case basis.

Lastly, this estimate is not a guarantee of services. Ethical guidelines require providers not to practice outside of scope of experience/expertise, and at times it is not known until after a service has been provided whether or not this is an issue between provider and client. Referrals out after the first meeting may occur in some circumstances. Please do not hesitate to ask for clarifying information.

#### **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 and is not intended for use as a receipt for out of network billing receipts. Should you require a superbill, please contact your provider. Additionally, the diagnosis provided in this estimate is likely to evolve. Should you have questions, please contact your provider.

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. Again, that said communication is key and you are encouraged to contact your provider with any concerns regarding billing first 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, 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 Good Faith Estimate. If the agency disagrees with you and agrees with the healthcare 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) or call HHS at **(800) 368-1019**. 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) or call **(800) 368-1019**. 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.

**\*\*Once your provider is known please give us a call at 240-986-1001 so that we can ensure you have the most accurate Good Faith Estimate.**

Contact Us  
Breakthrough Counseling Services  
4014 Mountville Rd.  
Jefferson, MD 21755  
Ph: (240) 986-1001  
Fax: (240) 986-1002  
[admin@breakthroughcounselingmd.com](mailto:admin@breakthroughcounselingmd.com)