



## Good Faith Estimate Disclaimer

This Good Faith Estimate indicates the cost of services that are reasonably expected for your mental health care needs for an item or service. This estimate is based on the information known at the time it was created.

This Good Faith Estimate does not include any unexpected or unknown costs that may arise during your treatment. If complications or special circumstances occur you could be charged more than indicated on this estimate. If this happens, federal law allows you to dispute the bill. You have the right to dispute the bill if you are billed more than what is indicated by this Good Faith Estimate.

You can contact the health care provider to make them aware 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 any assistance available.

You may also start a dispute resolution process with the US Department of Health and Human Services (HHS). If you choose this process you must start the dispute within 120 calendar days of the date on the original bill.

There is a \$25.00 fee (per the Department of Health and Human Services) 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 provider or facility, you will have to pay the higher amount indicated on the bill.

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 your Good Faith Estimate in a safe place in the event you would need it in the future.

