

## UNDERSTANDING THE GOOD FAITH ESTIMATE (GFE) ACT

The No Surprises Act, effective January 1, 2022, includes provisions to protect clients from unexpected medical bills, including the requirement to provide a Good Faith Estimate (GFE) for health care services. This act applies to all licensed mental health professionals and aims to ensure that clients have a clear understanding of the costs of their treatment before they begin receiving services.

### WHAT IS A GOOD FAITH ESTIMATE (GFE)?

A Good Faith Estimate is a detailed breakdown of the expected costs for mental health services provided by your counselor. It is meant to give you a clear picture of the estimated fees you will be responsible for based on the services agreed upon in your treatment plan. The GFE is not a contract but an estimate, meaning actual costs may vary depending on changes in the services provided or modifications to your treatment plan.

### WHAT SHOULD YOU EXPECT?

1. **Transparency:** You will receive a GFE that outlines all expected costs associated with your mental health services, including session fees and any additional fees (e.g., late cancellations, administrative fees).
2. **No Surprises:** The GFE is designed to protect you from surprise billing and ensure that you have a clear understanding of your financial responsibility before beginning treatment.
3. **Your Rights:** If you receive a bill that is at least \$400 more than the amount listed in your GFE, you have the right to dispute the charges. This can be done by filing a claim through the U.S. Department of Health and Human Services (HHS) within 120 days of receiving the bill.
4. **Requesting an Estimate:** You have the right to request a GFE at any time before or during your treatment, even if you have not scheduled an appointment.

### IMPORTANT CONSIDERATIONS

- The GFE is based on the information available at the time of the estimate and the current understanding of your treatment needs.
- Actual costs may vary depending on your treatment progress, additional sessions, or changes in services recommended by your counselor.
- Emergency or unforeseen services are not included in the GFE.

With my signature, I acknowledge that I am consenting of my own free will and am not being coerced or pressured.

I also understand that:

- I'm giving up some consumer billing protections under federal law.

- I may get a bill for the full charges for these items and services, or have to pay out-of-network cost-sharing under my health plan.
- I was given a written notice on [enter date of notice] explaining that my provider or facility isn't in my health plan's network, the estimated cost of services, and what I may owe if I agree to be treated by this provider or facility.
- I got the notice either on paper or electronically, consistent with my choice.
- I fully and completely understand that some or all amounts I pay might not count toward my health plan's deductible or out-of-pocket limit.
- I can end this agreement by notifying the provider or facility in writing before getting services.

### **IMPORTANT**

You don't have to sign this form. But if you don't sign, this provider or facility might not treat you. You can choose to get care from a provider or facility in your health plan's network.

### **KEEPING THE GOOD FAITH ESTIMATE**

It is recommended that you keep a copy of your Good Faith Estimate for your records and to reference in the event that you need to address any billing concerns.

If you have any questions or need clarification about the GFE or your rights under the Good Faith Estimate Act, please do not hesitate to discuss them with your mental health provider at Life Discovery Psychotherapy LLC.