

Good Faith Estimate for Health Care Items and Services

Patient Information					
Patient First Name		Middle Name		Last Name	
Patient Date of Birth: _____/_____/_____					
Patient Mailing Address, Phone Number, and Email Address					
Street or PO Box				Apartment/Unit	
City		State		Zip Code	
Phone					
Email Address					
Patient Treatment Information (FOR OFFICE USE ONLY BELOW)					
Depending on the progress in treatment, I expect that my care will require continued weekly therapy sessions continuing through the end of the year as follows:					
Service Code	Service/Item	Diagnosis Code	Cost Each	Quantity	Total Cost
90791	Assessment				
90837	Individual Psychotherapy 60 min				
90847	Family session w/pt present				
90846	Family session w/o pt present				
90853	Group				
Total Expected Charges					\$

Services will be provided by clinicians at: **The Center for Counseling & Wellness:**

110 Ye Olde Kings Hwy, North Myrtle Beach, SC 29582

4466 Holmestown Rd. Myrtle Beach, SC 29588

602 Main St Conway, SC 29526

3505 Main St, Loris, SC 29569

*Services also available via telehealth

Provider Name:

The estimated costs are valid for 12 months from the date of the Good Faith Estimate.

Date of Good Faith Estimate:

_____/_____/_____

Disclaimer:

This Good Faith Estimate shows the costs of services that are reasonably expected for your health care needs for an item or service. The estimate is based on information 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, 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 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 or call 842-279-2011. **For questions or more information** about your right to a Good Faith Estimate or the dispute process, visit www.cms.gov/nosurprises or call 842-279-2011.

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.

(Signature of Client/Personal Representative)

(Relationship to Client)

(Date)

You have the right to receive a “Good Faith Estimate” explaining how much your health care will cost

Under the law, health care providers need to give **clients who don’t have insurance or who are not using insurance** an estimate of the bill for services.

- You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency services.
- The Center administrative staff will provide a Good Faith Estimate in writing at least one business day before your appointment. You can also ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule an appointment.
- 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 1-800-985-3059.