

“Good Faith Estimate for Health Care Items and Services” Under the No Surprises Act

The **No Surprises Act** was enacted in 2020 (Under Section 2799B-6 of the Public Health Service Act) with the goal of protecting patients from unexpected bills for healthcare services, such as charges for out-of-network emergency care. Many of its provisions do not apply directly mental health providers. However, **beginning January 1, 2022, psychologists and other mental health care providers will be required by law to give uninsured and self-pay patients a good faith estimate of costs for services that they offer**, when scheduling care or when the patient requests an estimate.

- The estimate is not binding. However, patients, heretofore referred to as “clients” may challenge a bill if the charges substantially exceed the estimated amount by more than \$400.
- The estimate can include anticipated charges for recurring services that are expected to be provided within the next 12 months (e.g., 10-20 psychotherapy sessions). If treatment continues beyond 12 months, the provider must give the client a new estimate.
- The estimated costs are valid for 12 months from the date of the Good Faith Estimate. If you have health insurance, and the services you are seeking are covered by your health care plan, you may be able to get the items or services described in this notice from providers who are in-network with your health plan.
- For questions or more information about your right to a Good Faith Estimate, visit <https://www.cms.gov/nosurprises/Ending-Surprise-Medical-Bills>.

Disclaimer

The Good Faith Estimate shows the costs of items and services that are reasonably expected for a 12-month-period. The estimate is based on information known 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.