

GOOD FAITH ESTIMATE NOTICE

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

Under the law, health care providers need to give patients who don’t have insurance or who are not using insurance an estimate of the expected charges for medical services, including psychotherapy services.

You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency healthcare services, including psychotherapy services.

You can ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule a service.

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.

EFFECTIVE DATE OF THIS NOTICE: This notice went into effect on **January 1, 2022**.

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**ACKNOWLEDGEMENT OF RECEIPT OF
'GOOD FAITH ESTIMATE NOTICE'**

I hereby testify that I have received the 'Good Faith Estimate Notice' and I have been provided an opportunity to review it thoroughly. I hereby certify that I have read and understood the 'Good Faith Estimate Notice' and that I have received answers to questions regarding its content.

_____/_____/_____
PRINTED NAME OF CLIENT DATE

_____/_____/_____
SIGNATURE OF CLIENT DATE