



Your Life Journey, LLC

Healing. Hope. Wholeness.[†]
PURSUE WELLNESS

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 [the No Surprises Act (*H.R. 1333*)], 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.

This Good Faith Estimate shows the costs of items and services that are reasonably expected for your health care needs for an item or service. The estimate is based on information known at the time the estimate was created.

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 have the right to receive a Good Faith Estimate in writing at least 1 business day before your scheduled appointment or service. You can also ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule an item or service.

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 the bill.

If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can appeal the bill. Make sure to save a copy or picture of your Good Faith Estimate.

- You may contact Your Life Journey, LLC at amykathryn@yourlifejourneyllc.com if your billed charges are higher than the Good Faith Estimate. You can ask for bill to be updated 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.

For questions or more information about your right to a Good Faith Estimate, visit www.cms.gov/nosurprises or call 800-985-3059.

Note: A Good Faith Estimate is for your awareness only. It does not involve you needing to make any type of commitment.

Disclaimer: This legislation is still being interpreted involving mental health professionals and the above statement is in effort to provide what is currently believed to be important and required to share with both prospective and current clients. This page may be updated as more information evolves involving this new statute.