

1 E NORTHWEST HIGHWAY, SUITE 201 PALATINE IL 60067

> P 847-908-8700 F 847-907-9780

Good Faith Estimate Notice.

Effective January 1, 2022, all healthcare providers are required to notify clients not using insurance and clients who are receiving services from an out of network provider of their rights and protections against under the No Surprises Act. These clients have a right to receive a "Good Faith Estimate" (GFE) of expected charges for services rendered.

The Good Faith Estimate is not intended to serve as a recommendation for treatment or a prediction that you may need to attend a specified number of psychotherapy visits. Your total cost of services will depend upon the number of psychotherapy sessions you attend, your individual circumstances, and the type and amount of services that are provided to you. The estimate is not a contract and does not obligate you to obtain any services from the provider(s) listed, nor does it include any services that may be recommended during treatment, or no show and late cancellation fees as stated in our Financial Policy and Agreement.

You have a right to dispute a bill if the amount charged to you exceeds \$400 or more beyond the estimated charges stated in your Good Faith Estimate. Initiating the dispute process will not adversely affect the quality of services rendered to you. You may contact our billing department at (847) 908-8700 x100 to let them know the billed charges are higher than the Good Faith Estimate. You can ask to update the bill to match the Good Faith Estimate, ask to negotiate the bill, or ask if there is financial assistance available. For questions on how to dispute your bill, reference your Good Faith Estimate or go to www.cms.gov/nosurprises.

You are encouraged to speak with us at any time about any questions you may have regarding your treatment plan or the information provided to you in the Good Faith Estimate.

