**Patient Name:** 

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

Starting in January 1, 2022 there is a new federal law that mandates healthcare providers providing an estimate of services. Under Section 2799B-6 of the Public Health Service Act, health care providers and health care facilities are required to provide a good faith estimate of expected charges for items and services to individuals who are not enrolled in a plan or coverage, or a Federal health care program, or are not seeking to file a claim with their plan or coverage. We are required to provide this estimate both verbally and in writing upon request or at the time of scheduling health care items and services.

Patient Date of	Birth:	
Patient Mailing	Address:	
Phone Number:	:	
Email Address:	:	
Patient's Contac	ct Preference: [ ] By mail  [ ] By email	
Patient Diagnos	sis: F0.0	
Primary Service	or Item Requested/Scheduled:Treatment/Counseling	
-	quency:	
	t the date(s) the Primary Service or Item will be provided: heck this box if this service or item is not yet scheduled )  Details of Services and Items for Dr. Kracke and Associates, PA	
Service/Item	Address where service/item Service Code Quantity Expected Cost per session Total will be provided	al
Psychotherapy	422 17 <sup>th</sup> St. Lewiston 83501 90834	
Provider Name	p:	
Estimated Total	al Cost:	
1	Patient signature:	