The Center For New Pathways
Integrative Wellness Solutions

Good Faith Estimate

It is your right to receive a "Good Faith Estimate" that explains how much your mental health care and medical care will cost. Any non-emergency healthcare services, including psychotherapy, are entitled to a Good Faith Estimate. You can request a Good Faith Estimate from your healthcare provider or any other provider before you schedule a service. Take a picture or copy of your Good Faith Estimate. For questions or more information about your right to a Good Faith Estimate, visit www.cms.gov/nosurprises.

Name of the Practice _____

Today's Date _____

Patient Full Name _____

Patient DOB _____

Unique Patient ID Number _____

Patient Address

Patient Diagnosis List (If Available)

Good Faith Estimate for Health Care Items and Services

Patient		
Patient First Name	Middle Name	Last Name
Patient Date of Birth:		
Patient Identification Number:		
Patient Mailing Address, Phone Number, and Email Address		
Street or PO Box		
City	State	ZIP Code
Phone Cell	Home	Work
Email Address		
Patient's Contact Preference: ○ By mail	○ By email	
Patient Diagnosis		
Primary Service or Item Requested/Scheduled		
Patient Primary Diagnosis	Primary Diagnosis Code	
Patient Secondary Diagnosis	Secondary Diagnosis Code	

Expiration Date

If scheduled, list the date(s) the Primary Service or Item will be provided: ☐ Check this box if this service or item is not yet scheduled	
Date of Good Faith Estimate:	
Provider Name	Estimated Total Cost
Provider Name	Estimated Total Cost
Provider Name	Estimated Total Cost
Total Estimated Cost:	

DISCLAIMER

This Good Faith Estimate details the expenses of services that are reasonably believed to be necessary to meet your health care requirements. The estimate is based on information available at the time of its creation. The Good Faith Estimate excludes any unanticipated or unforeseen expenses that may occur during treatment. You may be charged additional fees if complications or unforeseen circumstances arise.

If your bill is more than $400 over your Good Faith Estimate, you can dispute it. The dispute procedure is subject to a $25 cost. If the agency adjudicating your dispute agrees with you, you must pay the fee specified in this Good Faith Estimate. If the agency agrees with the health care provider or institution and you disagree, you will be required to pay the higher amount.

From the date of the Good Faith Estimate, the estimated costs remain valid for 12 months.