



## Good Faith Estimate

This Good Faith Estimate (GFE) shows the costs of services that are reasonably expected for your mental healthcare needs based on information known at the time of estimate. The actual charges may differ if your needs or treatment plan change. You have the right to receive a "Good Faith Estimate" explaining how much your medical 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 bill for medical items and services.

Service	CPT Code	Self-Pay Cost
Intake Diagnostic Evaluation	90792	\$250.00
Office Outpatient Visit Medication Management	99213	\$100.00
Office Outpatient Visit Medication Management	99214	\$150.00
Psychotherapy W/Patient W/E&M Srvcs	90833	\$100.00

Please refer to our Practice Policies (Consent for Services) for a complete list of fees and services. Fees are subject to change with 30 days' written notice.

### Disclaimer & Required Notices

- The GFE does not include unknown or unexpected costs that may arise during treatment. You may be charged more if complications or special circumstances occur.
- If you receive a bill that is at least \$400 more than this GFE, you have the right to dispute the bill.
- You may contact Santa Maria Health to discuss the bill, request an updated GFE, negotiate charges, or inquire about financial assistance.
- You may also initiate a dispute resolution process with the U.S. Department of Health and Human Services (HHS) within 120 calendar days of receiving the bill. There is a \$25 fee to use this process. If the agency agrees with you, you will pay the GFE amount; if not, you may be responsible for the higher charge.
- You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services.

- 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](http://www.cms.gov/nosurprises) or call 1-800-985-3059.  
This GFE is not a contract and does not oblige you to receive the services listed.

*Keep a copy of this Good Faith Estimate in a safe place. You may need it if you are billed more than \$400 above this estimate.*

#### Acknowledgment

My signature on this document represents that I have reviewed the Good Faith Estimate form and that I understand and agree with the information therein. Further, I consent to use an electronic signature to acknowledge this agreement.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_