



3645 N Briarwood Ln Ste A Muncie, IN 47304
Ph: (765) 289-5520 Fax: (765)-289-5840

Good Faith Estimate Notice

You have the right to receive a “Good Faith Estimate” explaining the expected cost of your mental health care. **If you do not have insurance, or do not intend to use insurance to pay for scheduled non-emergency services**, federal law requires health care providers and facilities to provide you with an estimate of the expected charge(s) for services at least one business day before the scheduled service is to be performed.

- If you are uninsured or not using insurance to pay for your health care services and receive a bill that is at least \$400 more than your Good Faith Estimate, you have the right to dispute the bill.

Any patient may request an estimate of the expected charges for non-emergency health care services that have been scheduled, and state law requires that health care providers and facilities provide you with an estimate of the expected bill of those services within five business days of the request.

- You have the right to receive a Good Faith Estimate for the total expected charge of any non-emergency service.
- If you request an estimate and the actual charge for the service provided exceeds the Good Faith Estimate by more than \$100 per service, upon request, we will provide a written explanation as to why the charge exceeds the estimate.
- Be sure to save a copy or picture of your Good Faith Estimate for your records.

You may view our standard fees on our website by going to www.briarwoodclinic.com and clicking on the **Forms** tab and then selecting “**Financial Agreement.**”

To request a Good Faith Estimate, please call the clinic and speak with an Administrative Associate at (765) 289-5520 between 9:00 a.m. and 4:30 p.m. Monday – Thursday and before 2:30 p.m. on Friday.