



Licensed Clinical Psychologist, PY7375/Neuropsychologist
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Good Faith Estimate for Neuropsychological Care Service

Patient Information:		
Patient Name:		
Patient DOB:		
Parent/Guardian:		
Service Information:		
Service(s) Requested:		
Date(s) Scheduled:		
Provider(s):		
Cost Information:		
Standard (Maximum) Cost:	If Insurance pays (not guaranteed):	If you qualify for clinical hardship rate:
Date of Good Faith Estimate:		
<p>* The Total Estimated Cost includes records review, interview(s), administration & scoring of relevant tests, interpretation of all results, written report, and discussion of the results. Additional services can be requested and may require an additional cost (example: attendance at meetings, extra document preparation, etc.). If these additional services are requested, a new cost estimate will be provided.</p>		
<p>*Note: The estimated cost is based on the requested service and the information initially provided by the patient/guardian. If the service plan changes based on patient/guardian request or additional information, a new estimate will be provided, and the patient/guardian can decide whether or not they want the service.</p>		

***Disclaimer:** This Good Faith Estimate shows the costs of services that are reasonably expected for your health care needs. The estimate is based on information known at the time the estimate was created. This estimate does not include any unknown or unexpected costs that may arise once the service begins. You will be notified if additional costs will be required. If you are billed more than the Good Faith Estimate, you have the right to dispute the bill. To do this, please contact the health care provider listed above (call info@mabc.co or call 239-768-6500). If this is not resolved satisfactorily, you can start a dispute resolution with the U.S. Department of Health & Human Services (HHS). You must start this process within 120 calendar days of the date of the original bill. There is a \$25 fee to use the HHS dispute process. If the agency agrees with you, you will pay the amount on this estimate. If the agency disagrees with you, you will pay the higher billed amount to the health care provider. To learn more or start the process, go to: www.cms.gov/nosurprises.*

 Patient/Guardian Signature

 MABC Representative