



No Surprises / Good Faith Estimate Notice

The **No Surprises Act** protects patients from unexpected medical and mental health care bills. You have the right to receive a Good Faith Estimate explaining how much your medical and mental health care cost will be.

Under the law, health care providers must give patients who do not have insurance or who are not using insurance an estimate of the expected charges for medical services, including psychotherapy services. You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency healthcare services, including psychotherapy services.

You can ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule a service.

If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill. 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.

Session fees and expected length of treatment are disclosed in the LWT Informed Consent which the client receives before the first session. Living Water Therapy (LWT) does not bill for services. All fees are paid when the service is provided. You have the right to discontinue therapy as described in the LWT Informed Consent.

Please initial here _____ to indicate you have received the “No Surprises” notice.

Living Water Therapy
Wernersville, PA
Linda Welford, MAMFT
610-355-4708
livingwatertherapy@outlook.com
www.livingwatertherapy.us