No Surprise Act- Federal rule to protect consumers from surprise health care bills.

A **Good Faith Estimate (GFE)** will be provided for expected charges. (Please see my Financial Fees Form on my website under Client Forms at the top of my www.PostiveMindTherapy LLC.com website for more information on service fees.) Go to https://cms.gov/nosurprises/consumers for more information and disputes.

Good Faith Estimate for Health Care Items and Service

Provider Name: Positive Mind Therapy, LLC

Client First Name: Middle Name: Last Name:
Client Date of Birth:

Client Address:
Client (if under 18, Parent/Guardian) Phone:
Client (if under 18, Parent/Guardian) Email:
Client Contact Preference (check all that apply): Mail: Email: Phone:

Service Requested: Therapy
Client Primary Diagnosis:
Client Secondary Diagnosis:

If scheduled, list the date(s) the Primary Service or Item will be provided:

Check if this service or item is not yet scheduled ___

Date of Good Faith Estimate: 8/1/22

The estimated costs are valid for 12 months from the date of the Good Faith Estimate.

Estimated Total Cost: $165 per 45-50 minute session, up to 52 sessions per year pending any client crisis situation, rate changes (which you will be notified of), or a mutual change in amount of sessions.