



Good Faith Estimate

Date of Good Faith Estimate: _____

This estimate is for psychotherapy services through Better Minds Psychology, PLLC.

The estimate below is the [range of costs]/cost that I think is likely for your care over the time period covered by this estimate. However, depending on how treatment progresses, more or fewer sessions may be needed.

Details of the Estimate

The following is a detailed list of expected charges for psychological services including an initial evaluation, regular psychotherapy sessions, and/or Neurofeedback services. The estimated costs are valid for 12 months from the date of this Good Faith Estimate, unless I send you an updated Estimate.

Service	Diagnostic Code	Service Code	Quantity	Cost per unit	Expected cost
Initial evaluation	Varies	90791	1	\$150	\$150
Psychotherapy	Varies	90837 and/or 90834	12 - 46	\$150	\$1800 - \$6900
Neurofeedback Mapping	Varies	None	1 - 10	\$200	\$200 - \$2000
Neurofeedback Training	Varies	90901	10 - 50	\$150	\$1500 - \$7500

Total estimated cost: \$1800 - \$6900

Psychologist providing services: Amy Barfield, Ph.D.

NPI number: 1235361569 EIN: 87-4133975

Patient information:

Patient name

DOB

Disclaimer

This Good Faith Estimate shows the costs of services that are reasonably expected for the expected services to address your mental health care needs. The estimate is based on the information known to [us/me] when [we/I] did the estimate.

The Good Faith Estimate does not include any unknown or unexpected costs that may arise during treatment. You could be charged more if complications or special circumstances occur. If this happens, federal law allows you to dispute (appeal) the bill.

If you are billed for \$400 more than this Good Faith Estimate (GFE), you have the right to dispute the bill.

You may contact Better Minds Psychology, PLLC at the contact listed above to let them know the billed charges are at least \$400 higher than the GFE. You can ask them to update the bill to match the GFE, ask to negotiate the bill, or ask if there is financial assistance available.

You may also start a dispute resolution process with the U.S. Department of Health and Human Services (HHS). If you choose to use the dispute resolution process, you must start the dispute process within 120 calendar days (about 4 months) of the date on the original bill.

There is a \$25 fee to use the dispute process. If the agency reviewing your dispute agrees with you, you will have to pay the price on this GFE. If the agency disagrees with you and agrees with the health care provider or facility, you will have to pay the higher amount.

To learn more and get a form to start the process, go to:
www.cms.gov/nosurprises or call CMS at 1-800-985-3059.

For questions or more information about your right to a Good Faith Estimate or the dispute process, visit www.cms.gov/nosurprises or call CMS at 1-800-985-3059 .

This GFE is not a contract. It does not obligate you to accept the services listed above.

With my signature for this Good Faith Estimate, I acknowledge that I am not obligated or required to obtain any of the listed services from this provider and that I am consenting of my own free will, free from coercion or pressure. I also understand that:

- I am giving up some consumer billing protections under law.
- I may get a bill for full charges for these items and services or must pay out-of-network cost-sharing under my plan.
- By choosing Better Minds Psychology, PLLC I am voluntarily opting out of using my insurance or understand that I am out-of-network with this provider and agree to pay out of pocket for all service rates at time or service.
- I have received notice both verbally and written/electronically.
- I fully and completely understand that some or all amounts that I pay may not count towards my health plan's deductible, co-pay, co-insurance, or out-of-pocket limits.
- I can end this agreement by notifying the practice in writing before receiving services.

*You are not required to sign this form, however, if you do not sign, the provider may not treat you. You have the right to choose to get care from a provider that is within your health plan's network.

Signature

Date

Keep a copy of this Good Faith Estimate (GFE) in a safe place or take pictures of it. You may need it if you are billed more than \$400 than the estimate provided above.