



No Surprise Act Disclaimer:

Upon request, all clients (new, existing and returning), will receive a Good Faith Estimate for the cost of their care at Living Hope Christian Counseling, LLC.

A Good Faith Estimate (GFE) is the expected total cost of any health care service or item that is requested when scheduling. This estimate can include costs like medical testing, prescription medication, medical equipment, hospital fees etc.

The GFE does not include any unknown or unexpected costs that may develop during treatment. You may be charged more if complications or unexpected circumstances occur. If this should happen, federal law allows you to dispute the bill. Due to the nature of counseling services, it is very difficult to estimate the length of treatment.

If you are billed for \$400.00 or more than the GFE, you have the right to dispute the bill. (Make sure to save a copy or take a picture of your GFE and the bill.)

You may contact Living Hope Christian Counseling, LLC to let us know that the billed charges per service are higher than the GFE. You can ask us to review the bill to match the GFE or what options there are.

You also have the option to start a dispute resolution process with the US 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 of the date on the original bill. There is a \$25.00 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, you will have to pay the higher amount. To learn more and get a form to start the dispute resolution process, call 1-800-985-3059 or visit

www.cms.gov/nosurprises/consumers.

PRIVACY ACT STATEMENT: CMS is authorized to collect the information on this form and any supporting documentation under section 2799B-7 of the Public Health Service Act, as added by section 112 of the No Surprises Act, title I of Division BB of the Consolidated Appropriations Act, 2021 (Pub. L. 116-260). We need the information on the form to process your request to initiate a payment dispute, verify the eligibility of your dispute for the PPDR process, and to determine whether any conflict of interest exists with the independent dispute resolution entity selected to decide your dispute. The information may also be used to: (1) support a decision on your dispute; (2) support the ongoing operation and oversight of the PPDR program; (3) evaluate selected IDR entity's compliance with program rules. Providing the requested information is voluntary. But failing to provide it may delay or prevent processing of your dispute, or it could cause your dispute to be decided in favor of the provider or facility.