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**Clinical Psychologist – PSY 15064**

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**You have the right to receive a “Good Faith Estimate”**

**explaining how much your medical care will cost**

**Under the law, health care providers need to give patients who don’t have insurance or who are not using insurance an estimate of the bill for medical items and services.**

**• You have the right to receive a Good Faith Estimate for the total**

**expected cost of any non-emergency items or services. This includes**

**related costs like medical tests, prescription drugs, equipment, and**

**hospital fees.**

**• Make sure your health care provider gives you a Good Faith Estimate in writing at least 1 business day before your medical service or item.**

**You can also ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule an item or**

**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  or call 1-800-985-3959**

**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 me when 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 more than this Good Faith Estimate, you have the right to dispute the bill.**

You may contact  me to let me know the billed charges are higher than the Good Faith Estimate. You can ask to update the bill to match the Good Faith Estimate.

You may also start a dispute resolution process with the U.S. Department of Health and Human Services (HHS) if the good faith estimate does not match your bill. 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 Good Faith Estimate. If the agency disagrees with you and agrees with me, 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 Good Faith Estimate is not a contract. It does not obligate you to accept the services listed above.

**Keep a copy of this Good Faith Estimate 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.**