

On January 1, 2022, a law, known as the No Surprises Act, became effective which gives clients the right to a Good Faith Estimate [GFE] regarding fees for your therapy sessions. The No Surprises law is designed to prevent healthcare clients from receiving unexpected invoices from out-of-network providers. Integrative Pathways Counseling, LLC is out of network with insurance, and is a self-pay practice.

The Good Faith Estimate for Health Care and Services is designed to provide clients with a broad overview estimate regarding charges which may be incurred at Integrative Pathways Counseling, LLC. This estimate may be impacted by individual treatment goals, session length, duration, scheduling frequency, and availability, life events and confounds, as well as the individual nature of therapy pertaining to each client in scope.

Clients will receive a Good Faith estimate pertaining to what charges could be for psychotherapy services provided. Please note: while it is not possible for the clinician to know, in advance, how many psychotherapy sessions may be necessary, or appropriate, for a given person, the Good Faith estimate provides an estimate for costs of services. Each client's cost of services will depend on additional factors, not limited to, and including the number of sessions attended, client individual circumstances, as well as scope of services provided.

The Good Faith Estimate does not constitute a contract. As such, it does not obligate any services from Integrative Pathway Counseling, LLC, nor does it include any services rendered not included within said estimate. You have the right to another Good Faith Estimate at any time during your course of care. Additionally, Good Faith Estimates are reviewed with clients periodically, and, should rates change, the Good Faith Estimate will be updated and processed, with the client.

A Good Faith Estimate is not intended to serve as a recommendation for treatment or a prediction that a client may need to attend a specific number of sessions. The number of sessions appropriate in each case as well as the estimated cost of those services depends on the unique needs of each individual, and what is agreed to in consultation with your clinician.

If the actual billed service charges exceed the estimate by \$400.00 or more, the client has the right to dispute the bill via the patient-provider dispute resolution process with the U.S. Department of Health and Human Services [HHS].

If you should desire to dispute any charges, please do not hesitate to contact Integrative Pathways Counseling, LLC to discuss any concerns: 240-293-4114.

If you choose to utilize 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 utilize the dispute process. If the agency reviewing the dispute agrees with you, you will have to pay the price on the Good Faith Estimate. If the agency disagrees with you, and agrees with the health care provider or facility, you will have to pay the higher amount.

For additional questions regarding your right to a Good Faith Estimate, visit www.cms.gov/nosurprises/consumers or call 1-800-985-3059.