

Notice of Good Faith Estimate

If you will pay for health care out-of-pocket because you do not have insurance or do not want to use it, the No Surprises Rule of the Public Health Service Act requires health care providers to give you an estimate of expected charges at the onset of services, or if you ask for an estimate. This is called a *Good Faith Estimate*.

A good faith estimate is not a bill

The Good Faith Estimate shows expected charges for services from your provider including anticipated charges for the primary service you are expected to get during your period of care. It is based on information known at the time the estimate is created and will not include emergency services or unexpected additions to your treatment.

The estimate will not include anything you get from other providers or facilities, even if they seem connected to those you receive from your primary provider. You will get a separate Good Faith Estimate when you schedule with other providers or facilities, including those in this office.

Your right to a good faith estimate

You will receive a Good Faith Estimate after you schedule an appointment. If you schedule at least 3 business days before the appointment, the provider will give you a Good Faith Estimate no later than 1 business day after scheduling. If you schedule an appointment or ask for cost information about it at least 10 business days before the appointment, the provider will give you a Good Faith Estimate no later than 3 business days after you schedule or ask for the estimate.

The Good Faith Estimate will include a list of services your provider expects to include in your care, and associated costs, in a way that is accessible to you.

Providers must explain the good faith estimate to you over the phone or in person if you ask, then follow up with a written (paper or electronic) estimate in your preferred form of communication.

If you get a bill that is more than \$400 over the Good Faith Estimate, you can ask your provider to update the bill, ask to negotiate the bill, or ask if there is financial assistance available. You may be eligible to dispute the bill. For information about your rights under the No Surprises Rule, visit www.cms.gov/nosurprises.

Effective Date of this Notice:

This notice is effective January 6, 2024.

Changes to the Terms of this Notice:

We can change the terms of this notice and the changes will apply to all information we have about you. The new notice will be available in hard copy upon request, in our office, and on our web site, if any.

This Notice of Good Faith Estimate is posted on behalf of the health care providers practicing independently at:

**NorthWest Ohio Psychological Services
4930 N Holland Sylvania Road, Suite B
Sylvania, OH 43560**