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NOTICE OF RIGHT TO RECEIVE A GOOD FAITH ESTIMATE

This is a Standard Compliance Notice for Uninsured, Self-Pay, or Out-of-Network Patients

Established under Section 2799B-6 of the Public Health Service Act and the federal No Surprises Act

Important Consumer Protection Informational Posting: Under federal law, healthcare providers must supply patients who do not have insurance, or who are not using insurance, an itemized projection of expected charges before services are rendered. This public notice serves to inform you of your statutory rights.

Your Right to an Estimate of Medical Costs

You have the legal right to receive a Good Faith Estimate (GFE) detailing the total expected cost of any non-emergency healthcare items or services, including psychotherapy, behavioral health evaluations, diagnostic tests, surgical procedures, medical equipment, and laboratory fees.

When and How a Good Faith Estimate is Provided

Your healthcare provider is required to deliver the written estimate within strict, legally mandated timeframes based on when your appointment is scheduled:

• Scheduled 3 Business Days in Advance: The provider must deliver the written Good Faith Estimate within 1 business day after the date of scheduling.

• Scheduled 10+ Business Days in Advance: The provider must deliver the written Good Faith Estimate within 3 business days after the date of scheduling.

• By Advance Request: If you request a cost estimate before scheduling an appointment, the provider must deliver the written estimate within 3 business days of your formal inquiry.

Key Components of Your Right to Transparency

• Proactive Delivery: Your provider must supply this information in writing (via mail or secure digital portal) before your service occurs. An oral estimate does not fulfill the provider's legal obligation.

• Inclusion of Cohort Costs: The estimate must encompass all foreseeable charges linked to your treatment. This means primary therapeutic fees, structural evaluation costs, or expected collaborative services must be included.

• Right to Updates: If a provider anticipates changes to the treatment plan or unit rates mid-course, a newly revised Good Faith Estimate must be provided to you before those new charges take effect.

Your Right to Dispute Unexpected Charges

Save a copy or take a clear picture of your written Good Faith Estimate. If you subsequently receive an itemized bill from this practice that is at least $400 higher than the total estimated cost documented on your GFE, you have a statutory right to dispute the bill under federal consumer protection laws.

You can initiate the official Patient-Provider Dispute Resolution (PPDR) process. An independent third-party reviewer will evaluate the case to decide if the additional fees are clinically justified or if the provider must adhere to the original estimate. Initiating a dispute will not impact the quality or continuity of your ongoing clinical care.

Federal and State Regulatory Support Contacts

For questions, additional information about your right to a Good Faith Estimate, or to obtain instructions on how to initiate a formal billing dispute:

• Visit the official federal transparency portal at www.cms.gov/nosurprises

• Call the federal No Surprises Help Desk toll-free at 1-800-985-3059

• In Rhode Island, healthcare cost transparency is supervised in alignment with the Rhode Island Office of the Health Insurance Commissioner (OHIC) at www.ohic.ri.gov.

Patient Acknowledgment of Public Notice

By signing below, the patient acknowledges that they have received or been given prominent access to this Notice of Rights to Receive a Good Faith Estimate prior to undergoing intake, scheduling, or receiving clinical services.

_____

Patient or Legally Authorized Representative Signature

_____

Date

_____

Printed Name of Patient