



PSYCHOLOGICAL NETWORK, INC.

Judith Tindall, Ph.D. ♦ Ralph Caraffa, Ph.D. ♦ James R. W. Linsin, Psy.D.
Linda Sharpe-Taylor, Ph.D. ♦ Mikah Salones, M.A., L.P.C. ♦ Robert Cracchiola, M.S., L.P.C.

“No Surprises Act” Notification Form

Under the law, healthcare 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.

As a patient/client:

- 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.
- You can ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule an item or service, or prior to the time of your first scheduled appointment.
- If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill. Doing so will not adversely affect the quality of the services you receive.
- Make sure to save a copy or picture of your Good Faith Estimate.

Please note:

- This is only an estimate—actual charges may differ.
- The counselor may recommend additional services that are not in the Estimate.
- The Estimate does not obligate you to obtain the listed services.

For questions or more information about your right to a Good Faith Estimate or the dispute process, visit www.cms.gov/nosurprises or call (800) 368-1019.

To provide the highest quality and ethical psychological service.