1619 Monroe Street • Madison, Wisconsin 53711-2063

Standard Notice Under the No Surprises Act

(OMB Control Number: 0938-1401, effective 01/01/2022)

Under Section 2799B-6 of the Public Health Service Act, health care providers and health care facilities are required to provide a good faith estimate of expected charges for items and services to individuals who don't have insurance or who are not using insurance.

You have the right to receive a "Good Faith Estimate" explaining how much your mental health care will cost

- You have the right to receive a Good Faith Estimate showing the costs of services that are reasonably expected to address your mental health care needs. The estimate is based on the information known when the estimate was given. Your health care provider is required to give you a Good Faith Estimate prior to receiving services. This estimate will be updated through the course of your course of therapy as needed.
- 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 you receive a bill that is at least \$400 more than your Good Faith Estimate, you have the right to dispute the bill. You can do this by contacting your therapist directly to let them know the billed charges are higher than the Good Faith Estimate. You can ask them to update the bill to match the Good Faith Estimate, ask to negotiate the bill, or ask if there is financial assistance available. You may also start a dispute resolution process with the U.S. Department of Health and Human Services (HHS). If you choose to use the dispute resolution process, you must start the dispute process within 120 calendar days of the date on the original bill.
- Make sure to save a copy or picture of the Good Faith Estimate provided to you.

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.