

Still Waters Therapy PLLC

Good Faith Estimate for Health Care Items and Services

Patient		
Patient First Name	Middle Name	Last Name
Patient Date of Birth: _____/_____/_____		
Patient Identification Number:		
Patient Mailing Address, Phone Number, and Email Address		
Street or PO Box		Apartment
City	State	ZIP Code
Phone		
Email Address		
Patient's Contact Preference: <input type="checkbox"/> By mail <input type="checkbox"/> By email		

Provider/Facility Name Still Waters Therapy PLLC		Provider/Facility Type Outpatient	
Street Address 325 Sound Road, Suite 208			
City Holly Ridge	State NC	ZIP Code 28445	
Contact Person Holly Mann	Phone 910-622-3418	Email stillwaterspllc@protonmail.com	
National Provider Identifier 1831682459		Taxpayer Identification Number	

Please circle the service items for each client below.

Service/Item	Address where service/item will be provided	Diagnosis Code	Service Code	Quantity	Expected Cost
50 minute individual psychotherapy session 1-4x monthly until otherwise indicated	325 Sound Road, Suite 208 Holly Ridge, NC, 28445		90834	1-4x monthly until otherwise indicated	
50 minute family psychotherapy session 1-4x monthly until otherwise indicated	325 Sound Road, Suite 208 Holly Ridge, NC, 28445		90847	1-4x monthly until otherwise indicated	
biopsychosocial assessment	325 Sound Road, Suite 208 Holly Ridge, NC, 28445		90791	once every 12 months	

Additional Health Care Provider/Facility Notes

Disclaimer

This Good Faith Estimate shows the costs of items and services that are reasonably expected for your health care needs for an item or service. The estimate is based on information known at the time the estimate was created.

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 this happens, federal law allows you to dispute (appeal) the bill.

This estimate is not a contract and does not require the individual to obtain services from the provider identified.

Right to Dispute the GFE

You may contact the health care provider or facility listed 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 start a dispute resolution process with the U.S. Department of Health and Human Services (HHS) without adversely affecting the services rendered. If you choose to use the dispute resolution process, you must start the dispute process within 120 calendar days (about 4 months) of the date on the original bill.

There is a \$25 fee to use the dispute process. If the agency reviewing your dispute agrees with you, you will have to pay the price on this 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.

To learn more and get a form to start the process, go to www.cms.gov/nosurprises or call

For questions or more information about your right to a Good Faith Estimate or the dispute process, visit www.cms.gov/nosurprises

<p>Keep a copy of this Good Faith Estimate in a safe place or take pictures of it. You may need it if you are billed a higher amount.</p>
