

No Surprises Act Notification: Right to Receive Good Faith Estimate ("GFE")

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You have the right to receive a “Good Faith Estimate” explaining how much your medical care will cost. The “No Surprises Act (NSA)” was passed in December 2021 and went into effect beginning January 1, 2022.

What does this mean for you?

This act, passed by Congress, is a law stating your right to receive a Good Faith Estimate (GFE) of costs/fees associated with the services you receive from this practice or any healthcare provider and it is intended to protect you from unexpected out-of-network bills for healthcare. You have a right to receive a GFE in writing and orally when requested and when scheduling a new appointment with this practice.

Under the law, health care 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.

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.

Make sure your health care provider gives you a Good Faith Estimate in writing at least 1 business day before your medical service or item. You can also ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule an item or service.

If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill. Make sure to save a copy or picture of your Good Faith Estimate.

For questions or more information about your right to a Good Faith Estimate, visit www.cms.gov/nosurprises or call this office at 703.477.0692.

Client Consent To The Use of Telemedicine

I have read and understand the information provided above regarding the No Surprise Act, have discussed it with my provider, and all of my questions have been answered to my satisfaction - or- I am aware that I may ask my provider about the No Surprise Act and my right to a Good Faith Estimate for the services I receive from this practice at any time.

rev. 05.17.2025

Signature

Date