

Steve DeCristofaro, LMFT 147960

No Surprises Act

You have the right to receive a “Good Faith Estimate” explaining how much your medical and mental health care will cost.

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 expected charges for medical services, including psychotherapy services.

You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency healthcare services, including psychotherapy services.

You can ask your healthcare provider, and any other provider you choose, for a Good Faith Estimate before you schedule a 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.

Sessions are recommended to be scheduled weekly, so for an estimate of how much you might be paying per month, please multiply your agreed upon fee times how many weeks of therapy for that month.

Session fee of \$_____ x _____ anticipated weeks per month = \$_____ estimated total cost per month.

Therapist is Steve DeCristofaro, LMFT License #147960 Therapist NPI # 1942814744

Therapist Signature: _____ Date: _____

Client(s) Name: _____ Today's Date: _____

Client(s) Signature in agreement: _____

***This agreement to be in effect until _____**