RESTORATION

Counseling Associates

Good Faith Estimate for Health Care Items and Services

Patient		
First Name	Middle Name	Last Name
Date of Birth:		
Patient Mailing Address, Phone Number, and Email Address		
Street or PO Box		
City	State	ZIP Code
Phone		
Email Address		
Patient Primary Diagnosis Diagnosis Deferred		Primary Diagnosis Code R-69
Provider Estimate		
Provider Name		Maximum Total Cost per provider: $11,735
Street Address		

9724 Kingston Pike		
City Knoxville	State TN	ZIP Code 37922
Phone (865) 357-4673		

Details of Services and Items

Service/Item	Address where service/item will be provided	Diagnosis code	Service code	Quantity	Expected Cost
Consultation	9724 Kingston Pike or teletherapy	R-69	0000	0-52	up to $175 per 45 minutes
Intake	9724 Kingston Pike or teletherapy	R-69	90791	0-1	up to $260 per 45 minutes
Individual Therapy Session	9724 Kingston Pike or teletherapy	R-69	90834/90832 /90837	0-52	up to $175 per 45 minutes
Couples or Family Therapy Session	9724 Kingston Pike or teletherapy	R-69	90847/90846	0-52	up to $225 per 45 minutes

Total Expected Charges: no more than $11,735 per provider
$11,735 is the total yearly cost of a couple completing an intake and then continuing with couples' counseling on a weekly basis

The following is a detailed list of expected charges for Counseling Services — Including but not limited to Consultation, Intake, and Therapy Sessions. All appointments may not be scheduled at this time and will be scheduled at the agreement of the client/guardian and therapist. The estimated costs are valid for 12 months from the date of the Good Faith Estimate.

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.

If you are billed for more than this Good Faith Estimate, you have the right to dispute the bill.

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 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 (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/consumers or call 1-800-985-3059.

For questions or more information about your right to a Good Faith Estimate or the dispute process, visit www.cms.gov/nosurprises/consumers or call 1-800-985-3059.

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.

I have received and read my provider's Good Faith Estimate.

Client/Guardian Signature:_____Date:_____