

## Good Faith Estimate

Under Section 2799B-6 of the Public Health Service Act, health care providers and health care facilities are required to inform individuals *who are not enrolled in a plan or coverage or a Federal health care program, or not seeking to file a claim with their plan or coverage* **both orally and in writing** of their ability, upon request **or** at the time of scheduling health care items and services, to receive a “Good Faith Estimate” of expected charges.

### **You have the right to receive a “Good Faith Estimate” explaining how much your 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 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](http://www.cms.gov/nosurprises).

Reframe Therapy, PLLC, 1896 N 1120 W, Provo, UT 84604

Hello@reframetherapyutah.com

### **Good Faith Estimate (GFE) Disclaimer**

This Good Faith Estimate shows the costs of services that are reasonably expected for the services to address your mental health care needs. It is based on an approximate cost of treatment if we were to see each other weekly over a 12-month period. The estimate, along with diagnoses and treatment goals, is based on the information known to [us/me] when [we/I] did the estimate.

Your actual cost is much more likely to be less than this estimate as over time your frequency in sessions may reduce to bi-monthly, monthly, or even having sessions on an as-needed basis, along with times the therapist is out of the office or there is an early cancellation. This estimate includes late cancellation fees as it is based on the approximate cost of treatment that you may be scheduled for.

The GFE 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 \$400 more (per provider) than this Good Faith Estimate (GFE), you have the right to dispute the bill.*

You may contact Reframe Therapy at the contact listed above to let them know the billed charges are at least \$400 higher than the GFE. You can ask them to update the bill to match the GFE, 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 GFE. 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](http://www.cms.gov/nosurprises) or call CMS at 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](http://www.cms.gov/nosurprises) or call CMS at 1-800-985-3059.

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In 2022 the No Surprises Act was passed which requires clients to receive a Good Faith Estimate (GFE). *This is just an estimate, not a contract*, for an approximate cost of treatment if we were to see each other weekly over a 12-month period. Your actual cost is more likely to be less than this estimate as over time your frequency in sessions may reduce to bi-monthly, monthly, or even having sessions on an as-needed basis.

**Type of Services Provided:** Clinical Psychotherapy

**Diagnosis and Treatment Codes:** 90791, 90837, 90785, 90832, and 90847. Diagnosis given upon request

**Estimated Length of Services Provided:** 12-month period, beginning

**Locations of Treatment:** Reframe Therapy, Provo, UT and via Telehealth in Utah and Idaho

**Possible Treatment Modalities Used:** Acceptance & Commitment Theory, Accelerated Resolution Therapy, Attachment Theory, Cognitive Behavioral Theory, Eye Movement Desensitization & Reprocessing, Experiential Therapy, Mind-Body Bridging, Mindful Somatic, Motivational Interviewing, Play Therapy, Recreational Therapy, Sand Tray Therapy, Solution Focused Brief Theory, Strengths-Based framework, and Unified Protocol.

**Treatment Goals:** Process mental and emotional health in hopes to improve in areas discussed in the assessment session.

**Estimated Charges for each Service Provided:**

90791 Psychiatric Diagnostic Evaluation	\$200
90837 Psychotherapy, 60 min	\$175/session
90785 Interactive Complexity Add-on	\$40
90832 Psychotherapy, 30 min	\$100
Family Psychotherapy, Conjoint Psychotherapy with the Patient Present	\$175
	\$9,285 annual estimate

**This GFE is not a contract.** It does not obligate you to accept the services listed above.

Provider Signature: Reframe Therapy

Date: April 16, 2023

Updated: February 5, 2026