**"Good Faith Estimate for Health Care Items and Services" Under the No Surprises Act**

**Instructions**

Under Section 2799B-6 of the Public Health Service Act, health care providers and health care facilities are required to provide a good faith estimate of expected charges for items and services to 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, upon request or at the time of scheduling health care items and services.

The information below represents the disclosures required by law. A good faith estimate is based on the most common diagnoses seen within Cottonwood Psychology Center and the total expected charges for the maximum number of sessions allotted within a calendar year. It is very likely that your total out of pocket costs will be far less than this amount, so please consult with your provider about expected length of treatment. Most sessions within Cottonwood are completed between a range of 12-20 visits on average, but your length of treatment will be ultimately up to you and your treating provider. This document is subject to change as treatment unfolds so it is non-binding.

**Good Faith Estimate of Total Cost of Services for One Year**

**Provider Name:**

**Practice Address:** 5241 E. Santa Ana Canyon Rd. Suite 132, Anaheim, CA 92807 or 14751 Plaza Dr. Suite C, Tustin, CA 92780

**Phone Number:** 657-214-8500

**NPI Number:**

**Tax ID:** 81-2545289

**Service Codes:**

90791 is an intake session

90837 is a follow up session

90834 is a shortened follow up session (may have a reduced cost)

**Diagnostic Codes (most common and not an exhaustive list):**

F31.0 Bipolar Disorder, Unspecified

F31.81 Bipolar II Disorder

F32.0 Depression, Unspecified

F32.0 Major Depressive Disorder, Single Episode, Mild

F32.1 Major Depressive Disorder, Single Episode, Moderate

F32.2 Major Depressive Disorder, Single Episode, Severe Without Psychotic Features

F32.3 Major Depressive Disorder, Single Episode, Severe, With Psychotic Features

F33.0 Major Depressive Disorder, Recurrent

F34.1 Dysthymic Disorder

F40.298 Other Specific Phobia

F41.0 Panic Disorder

F41.1 Generalized Anxiety Disorder

F41.9 Anxiety Disorder Unspecified

F42.0 Obsessive Compulsive Disorder

F43.20 Adjustment Disorder, Unspecified

F43.22 Adjustment Disorder with Anxiety

F43.23 Adjustment Disorder with Mixed Anxiety and Depressed Mood

F53.0 Postpartum Depression

O99.340 Generalized Anxiety Disorder in Pregnancy

O99.345 Postpartum Anxiety

Z63.0 Problems in relationship with partner

Z63.4 Bereavement

**Total possible number of sessions in one year:** 52

**Cost per therapy session:**

**Total expected cost for one year of continuous treatment:**

**Patient Signature:**

**Provider Signature:**

**Date:**

**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 or call [HHS PHONE NUMBER].
**For questions or more information** about your right to a Good Faith Estimate

or the dispute process, visit www.cms.gov/nosurprises or call [HHS NUMBER].

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.