

Salt City Psychology
 77 South 700 East Suite 220
 Salt Lake City, UT 84102

Date of Good Faith Estimate: ___/___/___ This estimate is for family psychotherapy services per 50 minute session.

Details of the Estimate

The following is a detailed list of expected charges for psychological services per 50 minute session. The estimated cost is valid for 12 months from the date of this Good Faith Estimate, unless we send you an updated Estimate.

Service	Diagnosis Code (once determined)	Service code	Quantity 50 minutes 10 minutes**	Cost per unit	Expected cost
Initial evaluation				\$	\$
Psychotherapy				\$	\$
Phone Consult.				\$	\$
Emergency/After Hours Consult.				\$	\$

Emergency/After Hours consultations are \$170 per hour.

Phone consultations and Emergency/After Hours consultations can be billed in 10 minute increments if a full hour of service is not required.

Total estimated cost: \$185 per 50 minute session

Psychologist providing services: Sarah Miles

NPI number: 1801166111 **TIN:**

Patient information:

Patient name: _____ **DOB:** _____

Disclaimer

This Good Faith Estimate shows the costs of services that are reasonably expected for the expected services to address your mental health care needs. The estimate is based on the information known to us at the time of estimate.

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

You may contact Salt City Psychology at 801-758-7370 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 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 or call CMS at 1-800-985-3059 .

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

Keep a copy of this Good Faith Estimate (GFE) in a safe place or take pictures of it. You may need it if you are billed more than \$400 than the estimate provided above.