Good Faith Estimate for Health Care Items and Services

Patient First Name	Middle Initial	Last Name
Patient Date of Birth:		
Street or P.O. Box	City & State	Zip Code

Phone	Email	Contact Preference
		[ ] Mail [ ] Email
Patient Diagnosis:		
Date primary service scheduled:		[ ] Check if service not yet scheduled
Date of Good Faith Estimate:		
Provider Name:		
Total Estimated Cost:		

The following is a detailed list of expected charges for outpatient psychotherapy services, scheduled for the following dates: and after. These services may be reoccurring based on the preferences of the patient and/or the therapist. The estimated costs are valid until further notice.

Provider/Facility Name & Address	Provider/Facility Type
Core Psychotherapy Center, Ltd. 1305 Wiley Road, Suite 125 Schaumburg, IL 60173	Outpatient group practice
Contact Person	Phone/Email
Laura Picardi, Office Manager	847.240.5080 info@corepsychcenter.com
National Provider Identifier:	1164624144
Taxpayer Identification Number:	36-4401273

Details of Services and Items for Core Psychotherapy Center, Ltd.:

Service	Address where service will be provided	Dx Code	CPT Code	Qty	Expected Cost
Psychotherapy	1305 Wiley Rd., #125, Schaumburg, IL 60173				

Total Expected Charges from Core Psychotherapy Center: See Above
Additional Health Care Provider/Facility Notes: None

Disclaimer

This Good Faith Estimate shows the costs of the 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 $25.00 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, to go www.cms.gov/nosurprises or call the U. S. Department of Health & Human Services.

For questions or more information about your right to a Good Faith Estimate or the dispute process, visit www.cms.gov/nosurprises or call 312-353-5160.

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.