

**NOTICE OF YOUR RIGHT TO A GOOD FAITH ESTIMATE**  
(Effective 01-01-2022)

Under the new regulations, health care providers are required to provide their patients who do not have insurance or who are not using insurance (*i.e.*, self-pay) an estimate of the expected charges for medical services, which we believe include the services you will receive by Coping Partners™. Please consider this notice of your following rights under the Act:

- You have the right to receive a “Good Faith Estimate” explaining how much your medical and mental health care will cost.
- You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency healthcare services, including psychotherapy services.
- You can also ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule a service.
- Your provider should give you a written Good Faith Estimate within 3 business days from the date of your request and prior to the scheduled 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.

Should you require this notice to be provided in a different language please let us know.

For questions or more information about your right to a Good Faith Estimate, visit [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises).