

Jarrett Humble, APCC #14870  
425 El Pintado Rd, Suite 168  
Danville, CA 94526

November 1, 2023

## No Surprises Act/Good Faith Estimate

Dear Client,

As of January, 2022, I am required by law to provide this information to my clients. You are entitled to receive this Good Faith Estimate of what the charges could be for psychotherapy services provided to you. While it is not possible for me to know in advance how many therapy sessions may be necessary or appropriate for a given person, this form provides an estimate of the cost of services provided. Your total cost of services will depend upon the number of sessions you attend, your individual circumstances, and the amount of services that are provided to you.

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. This estimate is not a contract and does not obligate you to obtain any services from the provider listed.

The estimate is based on information known at this time. The Good Faith Estimate does not include any unknown or unexpected costs that may arise during treatment, such as additional sessions or add on sessions.

You could be charged more if complications or special circumstances occur. However, we would discuss this prior to any changes being made. If this happens, federal law allows you to dispute (appeal) the bill.

You have the right to initiate a dispute resolution process if the actual amount charged to you substantially exceeds the estimated charges stated in your Good Faith Estimate (which means \$400 or more beyond the estimated charges). You may contact Jarrett Humble to let him know the billed charges are higher than the Good Faith Estimate. You can ask him 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.

For questions or more information about your right to a Good Faith Estimate or the dispute resolution process, visit <https://www.cms.gov/nosurprises/consumers> or call 1- 800-985-3059.

The initiation of the patient-provider dispute resolution process will not adversely affect the quality of the services furnished to you.

If you begin with weekly sessions, at \$125/session for 12 months and 4 weeks off, your estimated total for therapy would be \$6000. If you attend sessions semi-monthly throughout the next 12 months at \$125 per session for a total of 26 weeks, the estimated total will be \$3250. It is difficult to anticipate exactly how much therapy sessions will be required for the desired change. These are just estimates and may change due to any change of frequency of the sessions. If you attend therapy for a longer period, your total estimated charges will increase according to the number of sessions and length of treatment.

This Good Faith Estimate is not intended to serve as a recommendation for treatment or a prediction that you may need to attend a specified number of psychotherapy visits. The number of visits that are appropriate in your case, and the estimated cost for those services, depends on your needs and what you agree to in consultation with your therapist. You are entitled to disagree with any recommendations made to you concerning your treatment and you may discontinue treatment at any time.

You are encouraged to speak with me at any time about any questions you may have regarding your treatment plan, or the information provided to you in this Good Faith Estimate.

Jarrett Humble, APCC

By signing this document, I agree that I have read and understand the Good Faith Estimate that my clinician has provided to me.