

Under Section 2799B-6 of the Public Health Service Act and its implementing regulations, health care providers, health care facilities, and providers of air ambulance services are required to provide a good faith estimate of expected charges for items and services to individuals who are not enrolled in a group health plan or group or individual health insurance coverage, or a Federal health care program, or a Federal Employees Health Benefits (FEHB) program health benefits plan (uninsured individuals) or not seeking to file a claim with their group health plan, health insurance coverage, or FEHB health benefits plan (self-pay individuals) in writing (and may also provide it orally, if an uninsured (or self-pay) individual requests a good faith estimate in a method other than paper or electronically), upon request or at the time of scheduling health care items and services.

Business: Mindful Mountain Counseling, P.L.L.C

Provider: Laura Huber, LPC

Email: mindfulmtn@gmail.com

Diagnosis, Services, & Length of Service cannot be determined until after assessment and treatment planning have been completed in the first few sessions. If you prefer an updated Good Faith Estimate at that time please let your provider know.

Your Good Faith Estimate is \$170 (for the initial assessment session) plus \$150 for every individual counseling session. \$150 for late cancellations or missed appointments. Additional charges apply for any other services you request or utilize (see the Informed Consent and Agreement for Services document for more information.) Sessions are typically weekly, but can be scheduled biweekly or monthly depending on appropriateness, effectiveness, need, and financial means. The first four sessions would be approximately \$620 (\$170 + \$150 + \$150 + \$150.) Eight sessions would be approximately \$1,220. Twelve sessions would be approximately \$1,820. Twenty-four sessions would be approximately \$3,620. Fifty-two sessions would be approximately \$7,820.

Fees for Services:

Assessment Session (~45 Minutes): \$170,

Individual Counseling Session (~45 Minutes): \$150,

Case Management (e.g., phone calls, speaking with the insurance company or EAP, working on payment resolution, scheduling): Billed in 15-minute Increments (e.g., 11-15 minutes = \$50, 16-30 minutes = \$100, 31-45 minutes = \$150),

Copies of Records: \$0.25 per Page,

Missed Appointment/Late Cancellation Fees (Less Than 24-hours' Notice): \$170 for Assessment Session & \$150 for Individual Counseling Session,

Record's Review: Billed in 45-minute Increments at \$150/Increment,

Returned Checks: \$35 per Check,

Treatment Summary or Other Documentation: Counselor's Time to Complete the Documentation is Billed in 15-minute Increments (e.g., 11-15 minutes = \$50, 16-30 minutes = \$100, 31-45 minutes = \$150),

Any Fees Incurred on Your Behalf (e.g., Legal, Postage, Parking, Translation

Services): You Owe the Amount Paid

Disclaimer:

The information provided in the Good Faith Estimate is only an estimate regarding items or services reasonably expected to be furnished at the time the Good Faith Estimate is issued to the uninsured (or self-pay) individual. The actual items, services, or charges may differ from the Good Faith 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, and your bill is \$400 or more for any provider or facility than your Good Faith Estimate for that provider or facility, federal law allows you to dispute the bill.

The Good Faith Estimate is not a contract and does not require the uninsured (or self-pay) individual to obtain the items or services from any of the providers or facilities identified in the Good Faith Estimate.

If you are billed for more than this Good Faith Estimate, you may 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.

If you dispute your bill, the provider or facility cannot move the bill for the disputed item or service into collection or threaten to do so, or if the bill has already moved into collection, the provider or facility has to cease collection efforts. The provider or facility must also suspend the accrual of any late fees on unpaid bill amounts until after the dispute resolution process has concluded. The provider or facility cannot take or threaten to take any retributive action against you for disputing your bill.

There is a \$25 fee to use the dispute process. If the Selected Dispute Resolution (SDR) entity reviewing your dispute agrees with you, you will have to pay the price on this Good Faith Estimate, reduced by the \$25 fee. If the SDR entity 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/consumers or call 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/consumers, email FederalPPDRQuestions@cms.hhs.gov, or call 1-800- 985-3059.

PRIVACY ACT STATEMENT: CMS is authorized to collect the information on this form and any supporting documentation under section 2799B-7 of the Public

Health Service Act, as added by section 112 of the No Surprises Act, title I of Division BB of the Consolidated Appropriations Act, 2021 (Pub. L. 116-260). We need the information on the form to process your request to initiate a payment dispute, verify the eligibility of your dispute for the PPDR process, and to determine whether any conflict of interest exists with the independent dispute resolution entity selected to decide your dispute. The information may also be used to: (1) support a decision on your dispute; (2) support the ongoing operation and oversight of the PPDR program; (3) evaluate selected IDR entity's compliance with program rules. Providing the requested information is voluntary. But failing to provide it may delay or prevent processing of your dispute, or it could cause your dispute to be decided in favor of the provider or facility.

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.

Mindful Mountain Counseling, P.L.L.C., reserves the right to change fees, in which case a new Good Faith Estimate can be presented to you, the new terms will supersede any prior terms, agreements, or understandings, and you will have the choice to decline or accept the new terms. If you decline to accept the new fees and/or withdraw informed consent then therapy at Mindful Mountain Counseling, P.L.L.C., will be terminated and your counselor may provide you with referrals so that treatment may be continued with another mental health provider. All fees owed must be paid regardless of treatment discontinuation and/or withdrawal of informed consent.