

# Questionnaire

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*\* indicates a required field*

## You have the right to receive a “Good Faith Estimate” explaining how much your medical care will cost.

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Under the law, health care providers need to give patients who don't have insurance or who are not using insurance an estimate of the bill for medical items and services.

- You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services. This includes related costs like medical tests, prescription drugs, equipment, and hospital fees.
- Make sure your health care provider gives you a Good Faith Estimate in writing at least 1 business day before your medical service or item. You can also ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule an item or 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.

For questions or more information about your right to a Good Faith Estimate, visit [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) or call HHS at (800) 368-1019.

You will receive your Good Faith Estimate as a PDF document sent via an encrypted email to the primary email address you have on file with us, You may also access your Good Faith Estimate by logging into your SimplePractice portal and clicking "Good Faith Estimate for Health Care Items and Services" under the assessments section.

There is nothing we need for you to do with this form, and is simply there for your information and because of your client rights.

If you have any questions or concerns about how to access this document, please direct those questions to your assigned clinician or email the Practice Owner at [Christine@Replenishher.com](mailto:Christine@Replenishher.com)

\* **By signing, I am attesting to having read and understood the information above.** \_\_\_\_\_

I consent to sharing information provided here.