

**WILLOWTREE THERAPY**  
**The Office Of**  
**SHARMAYNE ARRINGTON LMHC**

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

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 my office at: **(253) 397-9535**

## **“Good Faith Estimate for Health Care Items and Services” Under the No Surprises Act**

The No Surprises Act was enacted in 2020 with the goal of protecting patients from unexpected bills for healthcare services, such as charges for out-of-network emergency care. Many of its provisions do not apply directly to mental health providers. However, as per the opinion of APA, and summarized in this article: “Beginning January 1, 2022, psychologists and other mental health care providers will be required by law to give uninsured and self-pay patients a good faith estimate of costs for services that they offer, when scheduling care or when the patient requests an estimate.” Here are some key features of the “good faith estimate” disclosure requirements, as discussed in APA’s article *New billing disclosure requirements take effect in 2022*:

- The disclosure requirements apply to all healthcare providers, including mental health providers who treat self-pay and/or uninsured patients.
- Providers must ask about insurance coverage, including whether the patient intends to submit claims to insurance.
- Providers must inform all self-pay and uninsured patients that a good faith estimate of charges is available.
- A good faith estimate of expected charges must be given to the patient within specified time frames (e.g., for services scheduled at least 3 days prior to the appointment date, no later than 1 business day after the date of scheduling).
- The estimate is not binding. However, patients may challenge a bill if the charges substantially exceed the estimated amount.
- If there are changes to the information in the good faith estimate, a new estimate should be provided.
- The estimate can include anticipated charges for recurring services that are expected to be provided within the next 12 months (e.g., 10-20 psychotherapy sessions). If treatment continues beyond 12 months, the provider must give the patient a new estimate.
- These disclosure requirements apply to existing as well as new patients.

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**253- 397-9535**  
**NPI:# 1598814139**

**Good Faith Estimate for Health Care Items and Services:**

**50 Minute mental health therapy Session = \$185.00**

**80 minute mental health therapy session = \$220.00**

**If a credit card is used, a \$5.00 additional fee will be added for each transaction.**

**All sessions are the same, regardless of diagnosis.**

**All sessions are the same, regardless of individual or family therapy.**

**All sessions are conducted by Sharmayne Arrington, LMHC**

**All sessions are the same, regardless of client's age.**

The estimated costs are valid for 12 months from the date of the Good Faith Estimate. If you have health insurance, and the services you are seeking are covered by your health care plan, you may be able to get the items or services described in this notice from providers who are in-network with your health plan.

**Disclaimer**

This Good Faith Estimate shows the costs of items and services that are reasonably expected for the above noted 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 you are billed for more than this Good Faith Estimate, you have the right to dispute the bill.