

WOV Counseling Center

“Good Faith Estimate”

Dear [Client's Full Name],

We are committed to ensuring that you have access to transparent and comprehensive information about the cost of your medical care. As per the law, you have the right to receive a "Good Faith Estimate," which will provide you with a clear and detailed breakdown of the expected expenses associated with your medical treatment.

This Good Faith Estimate will include:

1. **Description of Services**: A detailed description of the medical services or procedures that have been recommended or prescribed for your treatment.
2. **Estimated Costs**: An estimate of the total costs associated with your medical care, including but not limited to, medical procedures, tests, medications, and any other relevant expenses.
3. **Insurance Coverage**: Information about the expected coverage provided by your health insurance plan, if applicable, including deductibles, copayments, and coinsurance.
4. **Out-of-Pocket Expenses**: An estimate of the out-of-pocket expenses you may be responsible for, including any applicable deductibles, copayments, or coinsurance.
5. **Provider Network**: Confirmation of whether the healthcare providers involved in your treatment are in-network or out-of-network for your insurance plan.
6. **Advance Notice**: You will receive this estimate at least three business days before your scheduled medical procedure or treatment, giving you ample time to review and understand the potential costs.

This Good Faith Estimate is designed to empower you to make informed decisions about your healthcare and financial responsibilities. If you have any questions or concerns regarding the estimate or the cost of your medical care, please do not hesitate to contact us. We are here to provide you with the support and information you need to navigate your healthcare journey effectively.

Your well-being is our priority, and we are dedicated to ensuring that you have the information necessary to make informed choices about your medical treatment. We appreciate your trust in us and are committed to delivering high-quality care while being transparent about the associated costs.

Acknowledgement

I have received, reviewed, and understand this notice of my right to receive a "Good Faith Estimate" pursuant to the No Surprises Act, effective January 2022.

Client initials _____