

Cove Therapy LLC

Good Faith Estimate Notice (No Surprises Act)

As a client of Cove Therapy, you have the right to receive a “Good Faith Estimate” explaining the expected cost of your care. Under federal law, health care providers must provide an estimate of expected charges to clients who are not using insurance or who choose to receive services out-of-network. Your estimate will include: - The cost of your diagnostic assessment - The cost of ongoing therapy sessions (individual, couples, or premarital) - The expected frequency of sessions - An estimated total cost over a period of time This estimate is based on the information available at the time it is created and is not a contract. Actual services and costs may vary depending on your needs and preferences. You have the right to:

- 1 You may request a Good Faith Estimate before scheduling services.
- 2 You will receive your estimate in writing before your first session.
- 3 If you receive a bill that is at least \$400 more than your estimate, you may dispute the bill.
- 4 You are responsible for the full cost of services regardless of insurance reimbursement.

For more information, visit www.cms.gov/nosurprises or call 1-800-985-3059.