

# Good Faith Estimate Notice (No Surprises Act)

Therapy / Counseling Services – Idaho

## Your Right to a Good Faith Estimate

You have the right to receive a **Good Faith Estimate (GFE)** explaining how much your health care services will cost.

Under the federal **No Surprises Act**, health care providers must give patients who are **uninsured** or who choose to be **self-pay** (not billing insurance) an estimate of expected charges for non-emergency items and services.

## Who Can Request a Good Faith Estimate?

- Individuals who do **not have health insurance** (uninsured).
- Individuals who have insurance but **choose not to use it** for counseling services (self-pay).

## What the Estimate Will Include

Your Good Faith Estimate will show the **expected total cost** of scheduled counseling/therapy services, including any expected fees for related services that are reasonably anticipated as part of your care.

Because therapy is individualized, the number of sessions needed and total cost may change depending on clinical need, client choice, and treatment progress.

## When You Will Receive the Estimate

If you schedule services...	You should receive your GFE...
At least 3 business days in advance	No later than 1 business day after scheduling
At least 10 business days in advance	Within 3 business days after scheduling

## How to Request a Good Faith Estimate

You may request a Good Faith Estimate **before scheduling** or at any time prior to starting services. Please contact our office using the contact information listed on our website/portal.

## If You Receive a Bill That Is Higher Than Your Estimate

If you receive a bill that is at least **\$400 more** than your Good Faith Estimate, you can dispute the bill through the federal **Patient–Provider Dispute Resolution (PPDR)** process.

To learn more and start the dispute process, visit [cms.gov/nosurprises](https://www.cms.gov/nosurprises) and search for “patient-provider dispute resolution.”

## **Important Notes for Counseling Services**

- The Good Faith Estimate is not a contract and does not require you to obtain services.
- Your final charges may change if your treatment needs change (for example, if the frequency or length of sessions changes).
- This notice applies to **self-pay/uninsured** individuals. If you are using insurance, your costs may depend on deductibles, copays, or coinsurance as determined by your health plan.

[Keep a copy of your Good Faith Estimate for your records.](#)

### ***Rise Together Counseling***

Idaho Counseling Services (In-Person & Telehealth)

**Questions?** If you have questions about this notice or your Good Faith Estimate rights, please reach out through our secure client portal or the contact methods listed on our website.

Federal resource: Centers for Medicare & Medicaid Services (CMS) – No Surprises: [cms.gov/nosurprises](https://www.cms.gov/nosurprises)