



## ***Right to Receive a Good Faith Estimate of Expected Charges Under the No Surprises Act***

You have the right to receive a “Good Faith Estimate” explaining how much your medical care will cost for any non-emergency items or services. 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.

If you are a self-pay client, we will provide you with a Good Faith Estimate in writing through the patient portal at least 1 business day prior to your appointment. You can also call us at (216) 264-3686 to request self-pay rates prior to scheduling an appointment.

If you receive a bill that is \$400 or more than your Good Faith Estimate per date of service, you can dispute the bill. Email us at [info@striveclecounseling.com](mailto:info@striveclecounseling.com) with a copy or picture of the Good Faith Estimate and your bill from us for prompt resolution.

For questions and additional information about your right to a Good Faith Estimate, please visit: [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises)