

## **Good Faith Estimate – No Surprises Act**

Flatland Psychiatry

Phone: 806-370-3705 | Fax: 800-380-6717

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address (Address, City, State, Zip): \_\_\_\_\_

Provider: Jessica Miller, MPAS, PA-C

NPI: 1942810445

Business Address: 102 S Main St, Andrews, Texas 79714

Phone: 806-370-3705 | Fax: 800-380-6717

Email: [info@flatlandpsychiatry.com](mailto:info@flatlandpsychiatry.com)

The estimate below is the range of cost that is likely for most new patients. Until I do an initial evaluation, and we start to work together, I will not have a clear picture of your specific diagnosis, issues and needs. After the initial intake appointment, I typically see patients for medication management for 1-4 30-minute appointments per month. However, in some cases a patient's issues may be more complicated, so we may need additional sessions during the time covered by this estimate. In other circumstances, a patient's issues may be uncomplicated and not require as many follow up visits.

If you have questions about this estimate, please contact Flatland Psychiatry regarding answer questions about the Good Faith Estimate at 806-360-3705.

The following is a detailed list of expected charges for psychological services. The estimated costs are valid for 12 months from the date of this Good Faith Estimate, unless Flatland Psychiatry sends you an updated Estimate.

Initial Intake Appointment | CPT Code: 99215 | Quantity: 1 | Cost Per Unit: \$350 | Expected Cost: \$350  
30 Minute Follow Up | CPT Code: 99214 | Quantity: 12-48 | Cost Per Unit: \$150 | Expected Cost: \$1800 - \$7200 per year

Total Estimated Cost: \$2150-\$7550 per year

### **Disclaimer**

This Good Faith Estimate shows the costs of services that are reasonably expected for the expected services to address your mental health care needs. The estimate is based on the information known to Flatland Psychiatry when Flatland Psychiatry did the estimate.

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 this happens, federal law allows you to dispute (appeal) the bill.

If you are billed for \$400 more (per provider) than this Good Faith Estimate (GFE), you have the right to dispute the bill.

You may contact Flatland Psychiatry at the contact listed above to let them know the billed charges are at least \$400 higher than the GFE. You can ask them to update the bill to match the GFE, ask to negotiate the bill, or ask if there is financial assistance available.

You may also start a dispute resolution process with the U.S. Department of Health and Human Services (HHS). If you choose to use the dispute resolution process, you must start the dispute process within 120 calendar days (about 4 months) of the date on the original bill.

There is a \$25 fee to use the dispute process. If the agency reviewing your dispute agrees with you, you will have to pay the price on this GFE. If the agency disagrees with you and agrees with the health care provider or facility, you will have to pay the higher amount.

To learn more and get a form to start the process, go to:  
[www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) or call CMS at 1-800-985-3059.

For questions or more information about your right to a Good Faith Estimate or the dispute process, visit [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) or call CMS at 1-800-985-3059 .

**This GFE is not a contract. It does not oblige you to accept the services listed above.**

**Keep a copy of this Good Faith Estimate (GFE) in a safe place or take pictures of it.**

**You may need it if you are billed \$400 more than the estimate provided above.**