

Michael D. Lynch, LMFT

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"No Surprises Act" Disclosure

You have the right to receive a "Good Faith Estimate" explaining how much your medical care will cost.

Under federal 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.

You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services. This includes related costs like medical tests, prescription drugs, equipment, and hospital fees.

Make sure your health care provider gives you a Good Faith Estimate in writing at least 1 business day before your medical service or item. You can also ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule an item or service.

If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill.

Make sure to save a copy or picture of your Good Faith Estimate. For questions or more information about your right to a Good Faith Estimate, visit www.cms.gov/nosurprises

Good Faith Estimate

Service(s): 2 90-minute Intakes (90791) & 50-Minute Family Therapy (90847) for V63.0

Rate: \$240 & \$180

Frequency: Weekly

Duration: 12 months

Provider: Michael Lynch, LMFT / Men's Center New England, LLC (Tax ID: 84-3311128, NPI: 1992044333)

Estimated total: \$9480

By signing below, I affirm that I have been provided the above "Good Faith Estimate" both verbally and in writing.

Client Name _____ Date of Birth ____/____/____

Signature _____ Date ____/____/____

Estimated costs are valid for 12 months from date provided. The Good Faith Estimate is not a contract and does not require the uninsured or self-pay individual to obtain the items or services from any of the providers or facilities identified in the Good Faith Estimate. Additional items or services the provider recommends that must be scheduled or requested separately may require a revised Good Faith Estimate. Information provided in the Good Faith Estimate is only an estimate of items or services reasonably expected to be furnished at the time of the Good Faith Estimate and actual charges may differ.