

CLARKSON COUNSELING, P.C.

249 Clarkson Rd., Suite 102
Ellisville, MO 63011

Good Faith Estimate

Dear Client,

In compliance with the No Surprises Act that went into effect January 1, 2022, all healthcare providers are required to notify clients of their Federal rights and protections against "surprise billing."

This Act requires that we notify you of your federally protected rights to receive notification when services are rendered by an out-of-network provider, if a client is uninsured, or if a client elects not to use their insurance. For any of these reasons, you may pay more than you would if you received treatment from an in-network provider. Additionally, if you submit a claim to your insurance, some or all amounts you pay may not be applied toward your health plan's deductible or out-of-network benefit. At any time, you can choose to receive care from a provider or facility in your health plan's network. By signing this form, you are agreeing that you might pay more for out-of-network care. The fee for service will be collected at the end of each session. Please discuss your estimated fees with your therapist.

It is a Federal requirement that we have each client sign this form to begin/resume treatment. Please sign and date and return the signed document at your next appointment. If you have any questions, please don't hesitate to ask.

Clarkson Counseling, P.C.

Client's name _____ Date _____

