Client Name:_____Date of Birth: _____

Good Faith Estimate

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

Under the law, health care providers need to give **patients who don't have certain types of health care coverage or who are not using certain types of health care coverage** an estimate of their bill for healthcare items and services before those items or services are provided.
• You have the right to receive a Good Faith Estimate for the total expected cost of any health care items orservices upon request or when scheduling such items or services. This includes related costs like medical tests, prescription drugs, equipment, and hospital fees.

• If you schedule a health care item or service at least 3 business days in advance, make sure your health careprovider or facility gives you a Good Faith Estimate in writing within 1 business day after scheduling. If youschedule a health care item or service at least 10 business days in advance, make sure your health care provider or facility gives you a Good Faith Estimate in writing within 3 business days after scheduling. You can also ask any health care provider or facility for a Good Faith Estimate before you schedule an item or service. If you do, make sure the health care provider or facility gives you a Good Faith Estimate in writing within 3 business days after you ask.

• If you receive a bill that is at least $400 more for any provider or facility than your Good Faith Estimatefrom that provider or facility, you can dispute the bill.

For questions or more information about your right to a Good Faith Estimate, visit www.cms.gov/nosurprises/consumers, email FederalPPDRQuestions@cms.hhs.gov, or call 1-800-985-3059.

PRIVACY ACT STATEMENT: CMS is authorized to collect the information on this form and any supporting documentation under section 2799B-7 of the Public Health Service Act, as added by section 112 of the No Surprises Act, title I of Division BB of the Consolidated Appropriations Act, 2021 (Pub. L. 116- 260). We need the information on the form to process your request to initiate a payment dispute, verify the eligibility of your dispute for the PPDR process, and to determine whether any conflict of interest exists with the independent dispute resolution entity selected to decide your dispute. The information may also be used to: (1) support a decision on your dispute; (2) support the ongoing operation and oversight of the PPDR program; (3) evaluate selected IDR entity's compliance with program rules. Providing the requested information is voluntary. But failing to provide it may delay or prevent processing of your dispute, or it couldcause your dispute to be decided in favor of the provider or facility.

Obtaining a Good Faith Estimate of the costs of counseling does not, in any way, commit you to receiving services from Family Houston. If you did not receive the cost of service by paper or electronic means, you can obtain this by contacting Family Houston appointment services staff at (713) 861-4849.

Revised July 2023

Client Name:_____Date of Birth: _____

Self-Pay Professional Counseling Services

Annual Family Income	Monthly	Semi-Monthly	Weekly	Hourly	Family Size	Professional Fee
$0-19,999	$1,240-1,667	$625-833	$288-285	$7.21-9.61	1-2 3+	$30 $25
$20,000-24,999	$1,667-2,083	$833-1,042	$385-481	$9.62-12.02	1-2 3+	$35 $30
$25,000-29,999,	$2,083-2,500	$1,042-1,250	$481-577	$12.02-14.71	1-2 3+	$40 $35
$30,000-34,999	$2,500-2,917	$1,250-1,458	$577-673	$14.71-17.16	1-2 3+	$45 $40
$35,000-49,999	$2,917-4,167	$1,458-2,083	$673-962	$16.83-24.04	1-2 3+	$55 $50
$50,000-64,999	$4,167-5,417	$2,083-2,708	$962-1,250	$25-31.86	NA	$70
$65,000-79,999	$5,417-6,667	$2,708-3,333	$1,250-1,538	$31.86-39.22	NA	$80
$80,000-94,999	$6,667-7,917	$3,333-3,3958	$1,538-1,979	$39.22-49.48	NA	$90
$95,000-249,999	$7,917-20,833	$3,958-10,417	$1,827-4,808	$45.67-120.19	NA	$105
$250,000+	$20,833+	$10,417+	$4,808+	$120.19+	NA	$125

For clients who have no insurance or choose to be self-pay. You will need to provide either your W-2's for the previous year or you will need to provide 2 recent paystubs for verification. All active self-pay clients will be reverified on their income in January of every year. If your self-pay rate does change you will receivea new Good Faith Estimate will the new rate. If you choose to accept the new rate it will be added to your account. If you choose not to accept the Good Faith Estimate, then you will be provided a list of therapists totransition to.