



Good Faith Estimate for Health Care Items and Services

National Provider Identifier: 1679164172 Taxpayer ID: 861-412-797/000

Provider Name: Stephanie Scott, LCSW Licenses: 44SC05957300 NJ - 107555 TX

2933 Vauxhall Road Suite 7 #1006, Vauxhall, NJ 07088 (908) 248-2857

www.preservingmypeace.com

Patient Information: Last: _____ First: _____ MI: _____

D.O.B. ___/___/___ Diagnosis: _____

Address: _____

Email Address: _____

Phone: Home: _____ Cell: _____

Contact Preference: phone _____ email _____ (check one)

Emergency Contact Information: Name & Relationship: _____

Phone: _____ Address: _____

If scheduled, list the date(s) the Primary Service or Item will be provided: [] Check this box if this service

or item is not yet scheduled Date of Good Faith Estimate: _____/_____/_____

Estimated Total Cost \$150 per session for individuals and parenting skills/ Total yearly cost \$7800

The cost for couples or family therapy \$175 per one hour session *each family member over 4 individuals incurs an additional cost of \$20 pp per session. Total Yearly Cost for couples or a family of 4 is approximately \$8400.

*All sessions are held via a secure HIPPA compliant telehealth option

**Please note diagnoses are subject to change due to client life circumstances and disclosures

***Good Faith Estimates are valid for one year from the initial date of the estimate

****Good Faith Estimates are only valid for services listed above. Any additional services ie. Assessments, Consultations and Collaboration with other service providers will incur costs not listed in this Good Faith Estimate and are determined by the time taken to complete said services.



Disclaimer

This Good Faith Estimate shows the costs of items and services that are reasonably expected for your health care needs for an item or service. The estimate is based on information known at the time the estimate was created.

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 more than this Good Faith Estimate, you have the right to dispute the bill.

You may contact the health care provider or facility listed to let them know the billed charges are higher than the Good Faith Estimate. You can ask them to update the bill to match the Good Faith Estimate, 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 Good Faith Estimate. 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 or call The US Department of Health and Human Services at 1-877-696-6775.

For questions or more information about your right to a Good Faith Estimate or the dispute process, visit www.cms.gov/nosurprises or call 1-877-696-6775.

Keep a copy of this Good Faith Estimate in a safe place or take pictures of it. You may need it if you are billed a higher amount.
