Good Faith Estimate for Fernwood Counseling 2026

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OMB Control Number: 0938-1433

NO SURPRISES ACT EFFECTIVE JANUARY 1, 2022

Effective January 1, 2022, a ruling went into effect called the "No Surprises Act" which requires practitioners to provide a "good faith estimate" about out-of-network care. The Good Faith Estimate works to show the cost of items and services that are reasonably expected for your health care needs for an item or service, a diagnosis, and reason for therapy. 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 and will be provided a new "good faith estimate" should this occur. If this happens, federal law allows you to dispute (appeal) the bill if you and your provider have not previously talked about the change and you have not been given an updated good faith estimate.

Under Section 2799B-6 of the Public Health Service Act (PHSA, health care providers and health care facilities are required to inform individuals who are not enrolled in an insurance plan, have insurance coverage, are enrolled in a Federal health care program, or not seeking to file a claim with the plan or coverage both orally and in writing of their ability, upon request or at the time of scheduling health care items and services to receive a "good faith estimate" of expected charges.

Note: The PHSA and GFE does not currently apply to any clients who are using insurance benefits, including "out of network benefits" (i.e. submitting superbills to insurance for reimbursement).

Timeline requirements: "Practitioners are required to provide a good faith estimate of expected charges for a scheduled or requested service, including its or services that are reasonably expected to be provided in conjunction with such scheduled or requested item or service".

That estimate must be provided within specified timeframes:

- If the service is scheduled at least three business days before the appointment date, no later than one business day after the date of scheduling;

- If the service is scheduled at least 10 business days before the appointment date, no later than three business days after the date of scheduling; or

- If the uninsured or self-pay patient requests a good faith estimate (without scheduling a service), no later than three business days after the date of request.

COMMON SERVICES AT FERNWOOD COUNSELING, LLC

Psychotherapy:

- Initial consultation (30 minutes)

- Individual outpatient therapy (50 minutes)

FERNWOOD COUNSELING RECOGNIZES THAT EVERY CLIENT'S THERAPY JOURNEY IS UNIQUE

How long you need to engage in therapy and how often you attend will be influenced by many factors including:

- Your schedule and life circumstances

- Provider availability

- Ongoing life challenges

- The nature of your specific challenges and how you address them

- Personal finances

You and your provider will continually assess the appropriate frequency of therapy and will work together to determine when you have met your goals and are ready for discharge and/or a new "good faith estimate" will be issued should your frequency or needs change.

WHERE SERVICES WILL BE DELIVERED:

We are a hybrid practice meaning we provide both in-person and tele-health services. Our address is at the bottom of this document.

Patient Information

Patient

* First name:

* Middle name:

* Last name:

* Date of birth:

Patient Contact Information

* Street or PO box:

* City, state, ZIP:

* Phone number:

* Email address:

* Patient's contact preference:

* Date of good faith estimate:

Provider Estimates

The following is a detailed list of expected charges. The estimated costs are valid for 12 months from the date of the Good Faith Estimate.

Provider: Tiffany Goodman, at $150/clinical hour (50 minutes) for Psychotherapy/Counseling

If you had 1 initial consultation and used 1 hour of outpatient therapy every week for 51 weeks at the above-named rate, your fees would be

$150 x 51 = $7,650

Provider Estimate

Provider name: Fernwood Counseling/Tiffany Goodman
Provider/facility type: Mental Health Provider
Street address: 6170 Lehman Dr ste 104
City: Colorado Springs
State: Colorado
ZIP code: 80918
Contact person: Tiffany Goodman
Phone: 719-280-2886
Email: Tiffany@fernwoodcounseling.com
National Provider Identifier (NPI): 1104510742

Additional health care provider/facility notes:

Total Expected Charges from [Provider/Facility]:

$150/clinical hour (50 minutes) for Psychotherapy/Counseling

If you had 1 initial consultation and used 1 hour of outpatient therapy every week for 51 weeks at the above-named rate, your fees would be

$150 x 51 = $7,650

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, and does not include any unknown or unexpected costs that may arise during treatment.

If you are billed for more than this Good Faith Estimate, you have the right to dispute the bill.

Throughout your treatment, the provider may recommend additional items or services as part of your treatment that are not reflected in this estimate. These would need to be scheduled separately with your consent and the understanding that any additional service costs are in addition to the Good Faith Estimate.

If your needs change during treatment, your provider should supply a new, updated Good Faith Estimate to reflect the changes to treatment, and the accompanying cost changes.

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.

The Good Faith Estimate is not a contract between provider and client and does not obligate or require

the client to obtain any of the listed services from the provider.

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 HHS at (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 or call (800) 985-3059.

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.