

## Good Faith Estimate and “No Surprises” Act

- You’re receiving this notice because your provider, Krystal Silva ND, isn’t in your health plan’s network. This means the provider doesn’t have an agreement with your plan and you will need to pay the provider directly for services provided.
- The purpose of this document is to let you know about your protections from unexpected medical bills. It also asks whether you would like to give up those protections and pay more for out-of-network care.

**Estimate:** Under the “No Surprises” 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. For this estimate, the cost will assume weekly appointments for a period of 12 weeks. Many people choose to continue the therapeutic relationship for much longer, but the decision to continue or discontinue earlier is completely up to you. Appointments are scheduled and billed based on actual time spent.

| Session                     | Rate  | CPT code |
|-----------------------------|-------|----------|
| First Session Intake 60 min | \$180 | 99205    |
| Follow-up Sessions 50 min   | \$160 | 99215    |

**Estimate for 12 weeks: \$180 + \$1760 = \$1940**

**Disclaimers:** This Good Faith Estimate shows the costs of services that are reasonably expected for your health care needs at the time of initial evaluation. 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. The actual services or charges may differ from what is included in the Good Faith Estimate.
- If the billed charges differ substantially from the expected charge in the Good Faith Estimate, you have the right to dispute (appeal) the bill. "Substantially exceeds" means an amount that is at least \$400 more than the expected charge.
- You may contact the provider 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, you will have to pay the higher amount.

For questions or more information about your right to a Good Faith Estimate or the dispute process, visit [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) or call (800) 368-1019. 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.

### Provider Information:

Provider name: Krystal Silva, ND

Phone: 206.316.1655 Email: [krystal@krystalsilva.com](mailto:krystal@krystalsilva.com)

National Provider Identifier (NPI): 1417269382 Taxpayer Identification Number (EIN): 88-3296323