

GOOD FAITH ESTIMATE INFORMATION

Alternative Pride Wellness, LLC

Effective Date: October 10, 2026

Your Right to Receive a Good Faith Estimate of Expected Charges

If you do not have health insurance, or you have health insurance but do not plan to use it to pay for your care, federal law generally gives you the right to receive a Good Faith Estimate explaining how much your scheduled or requested health care is expected to cost.

This information is provided under the federal No Surprises Act and related regulations. It explains your rights as an uninsured or self-pay client. It is educational information and is not itself your individualized Good Faith Estimate.

WHO MAY RECEIVE A GOOD FAITH ESTIMATE

You are generally considered uninsured or self-pay for purposes of the Good Faith Estimate rules if you do not have qualifying health coverage for the item or service, or if you have qualifying health coverage but do not intend to submit a claim to that coverage for the item or service.

If you plan to use your health insurance for therapy, these particular uninsured/self-pay Good Faith Estimate rules generally do not apply to those insured claims in the same way.

WHEN YOU CAN RECEIVE AN ESTIMATE

If you schedule care at least **3 business days in advance**, you generally have the right to receive a Good Faith Estimate before the scheduled service. You may also request a Good Faith Estimate before scheduling care.

If care is scheduled 3–9 business days in advance, the estimate generally must be provided within 1 business day after scheduling. If care is scheduled 10 or more business days in advance, it generally must be provided within 3 business days after scheduling. If you request an estimate before scheduling, it generally must be provided within 3 business days after the request.

WHAT A GOOD FAITH ESTIMATE IS

A Good Faith Estimate is a written estimate of the expected charges for health care items or services that are reasonably expected based on information known when the estimate is prepared.

For ongoing psychotherapy, an individualized estimate may project expected charges over a period of treatment based on the anticipated frequency of sessions and the Practice's applicable self-pay rate. Your actual treatment needs, frequency, duration, or services may change.

WHAT YOUR INDIVIDUALIZED ESTIMATE SHOULD INCLUDE

Your individualized Good Faith Estimate should contain information required by applicable federal rules, including identifying information, a description of the primary service, and an itemized list of reasonably expected items or services and charges.

The individualized estimate is separate from this general information notice. Keep a copy of any Good Faith Estimate you receive so that you can compare it with future bills.

AN ESTIMATE IS NOT A CONTRACT OR GUARANTEE

A Good Faith Estimate is an estimate, not a bill and not a contract requiring you to receive services.

The estimate is based on information reasonably known at the time it is created. Treatment can change based on clinical needs, your choices, scheduling, changes in rates, or circumstances that could not reasonably have been anticipated. Additional or different services may therefore result in different charges.

IF YOUR CARE CHANGES

If the expected scope or frequency of care changes substantially, the Practice may provide an updated Good Faith Estimate when appropriate or required.

For psychotherapy, it may not be possible to know in advance exactly how many sessions you will choose or clinically need. You and your therapist may periodically discuss treatment progress and anticipated frequency.

IF YOUR BILL IS SUBSTANTIALLY HIGHER THAN YOUR ESTIMATE

If a bill from a provider is at least \$400 more than that provider's Good Faith Estimate, you may be eligible to use the federal patient-provider dispute resolution process.

The dispute process allows an eligible uninsured or self-pay individual, or an authorized representative, to ask an independent dispute resolution entity to review the charges.

Keep your Good Faith Estimate and bills. Federal deadlines and procedural requirements apply to disputes.

YOUR RIGHTS DURING A FEDERAL PAYMENT DISPUTE

Federal rules provide protections during an eligible patient-provider dispute resolution process. For example, while the dispute is pending, the provider may not move the disputed bill into collections or threaten to do so, must pause collections if the disputed bill is already in collections, and may not impose late fees on the disputed unpaid amount or retaliate against you for initiating the process.

GOOD FAITH ESTIMATES & INSURANCE

A Good Faith Estimate for uninsured/self-pay care is different from an insurance explanation of benefits, insurance eligibility verification, or a quote of copay, deductible, or coinsurance.

If you initially choose self-pay but later decide to use insurance, or if your insurance status changes, notify Alternative Pride Wellness promptly. Insurance billing and patient responsibility will then be governed by applicable plan requirements, payer contracts, law, and the Practice's financial policies.

REQUESTING YOUR GOOD FAITH ESTIMATE

You may request an individualized Good Faith Estimate from Alternative Pride Wellness, LLC. You do not need to use special legal wording to request an estimate.

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FEDERAL HELP & ADDITIONAL INFORMATION

For questions about your federal rights under the No Surprises Act, you may contact the federal No Surprises Help Desk at **1-800-985-3059**.

Additional information about Good Faith Estimates, medical-bill rights, and the patient-provider dispute process is available from the Centers for Medicare & Medicaid Services (CMS) through its Medical Bill Rights resources.

ACKNOWLEDGMENT OF GOOD FAITH ESTIMATE INFORMATION

This acknowledgment confirms that I have received or been provided access to information about my right to receive a Good Faith Estimate when I am uninsured or choosing not to use insurance to pay for applicable services.

This acknowledgment is not the individualized Good Faith Estimate itself and does not waive any rights available to me under federal or state law.

Client Name: _____

Client Signature: _____

Date: _____

Parent/Guardian/Personal Representative, if applicable:

Name: _____

Signature: _____

Relationship to Client: _____

Date: _____

Practice note: This document is a general rights notice and does not replace the individualized Good Faith Estimate that must contain the required patient-, service-, and charge-specific information. The Practice should use a compliant individualized GFE process for eligible uninsured/self-pay clients and update its procedures as federal requirements change.