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## Good Faith Estimate Notice

**Notice to clients and prospective clients:** When you see a doctor or other health care provider who accepts your insurance, you may owe certain out-of-pocket costs, like a copayment, coinsurance, or deductible. You may also have additional costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network. This amount you pay to an out-of-network provider or when not using insurance for your medical treatment is likely more than the in-network costs would be for the same service. These costs might not count toward your plan's deductible or annual out-of-pocket limit. You are not required to get out-of-network care. If you have insurance, you can choose a provider or facility in your plan's network.

**Good Faith Estimates:** Under the law, health care providers need to give clients who don't have insurance or who are not using insurance an estimate of the expected charges for medical services. This is called a Good Faith Estimate. You have the right to receive a Good Faith Estimate for the total expected cost of any nonemergency health care services. You have the right to ask me, Liz Fitzgerald, or any other of your health care providers for a Good Faith Estimate before you schedule a service or at any time during treatment.

**You can ask me for a Good Faith Estimate at any time**, even if you have insurance. If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill. Make sure to save a copy or picture of your Good Faith Estimate.

**If you think you've been wrongly billed**, contact the No Surprises Help Desk for more information and complaints: 1-800-985-3059. Or visit [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises).

For questions or more information about your right to a Good Faith Estimate, or how to dispute a bill or see your Estimate, call 1-800-985-3059 or visit [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises).

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