**Good Faith Estimate**

Mindful Bliss Mediation and Motivation

215 N Main St #206

West Bend, Wisconsin 53095

GOOD FAITH ESTIMATE

Mindful Bliss Mediation and Motivation provides this document to all clients, regardless of insurance status. Under the No Surprises Act, practitioners must provide an estimate of treatment costs. This law requires providers to give all uninsured and self-pay patients a good faith estimate of costs for services that they offer, when scheduling care, or when the patient requests an estimate.

The regulations implement part of the No Surprises Act, enacted in December 2020 as part of a broad package of COVID and spending-related legislation. The act aims to reduce the likelihood that patients may receive a “surprise” medical bill by requiring that providers inform patients of an expected charge for a service before the service is provided.

Mindful Bliss Mediation and Motivation provides services that are charged on a per-session basis, so all costs will depend on the number of sessions you attend, the frequency of sessions in a calendar year, the length of sessions (30 vs 60 minutes), and whether or not additional services, such as document preparation, are requested. As a result, we have provided a wide range of possible costs in the Good Faith Estimate.

Billing Contact: Phillip Moore- pmoore@mindfulbliss.org Details of services and items for Mindful Bliss:

• Psychotherapy Initial Assessment - 55 minutes - $150

• Individual Psychotherapy - 60 minutes - $120

• Individual Psychotherapy - 45 minutes - $100

• Psychotherapy for Crisis - 60 minutes - $120

All late cancelations (sessions canceled within 48 business hours, aka, not including Saturdays or Sundays) and all no-shows will be charged for the full cost of the scheduled session type. For example, a session on Monday at 9:00 am needs to be canceled before 9:00 am on Thursday.

By signing this form, I certify: • That I have read or had this form read \*

and/or had this form explained to me. • That I fully understand its contents including the risks and benefits of the procedure(s). • That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction. BY CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT

I consent to sharing information provided here. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_