KairosCounseling

Good Faith Estimate for Health Care Items and Services
Under the No Surprises Act
Zelina Silber, LMFT
Licensed Marriage & Family Therapist (#150235)

You have the right to receive a "Good Faith Estimate" of what the charges could be for psychotherapy services provided to you. While it is not possible for a psychotherapist to know, in advance, how many psychotherapy sessions may be necessary or appropriate for a given person, this form provides an estimate of the cost of services provided. Your total cost of services will depend upon the number of psychotherapy sessions you attend, your individual circumstances, and the type and amount of services that are provided to you. This estimate is not a contract and does not obligate you to obtain any services from the provider(s) listed, nor does it include any services rendered to you that are not identified here.

This Good Faith Estimate is not intended to serve as a recommendation for treatment or a prediction that you may need to attend a specified number of psychotherapy visits. The number of visits that are appropriate in your case, and the estimated cost for those services, depends on your needs and what you agree to in consultation with your therapist. You are entitled to disagree with any recommendations made to you concerning your treatment and you may discontinue treatment at any time.

The expected charges below are for items or services reasonably expected to be furnished in conjunction with the primary item or service as part of the period of care. There may be additional items or services recommended as part of your care that must be scheduled or requested separately and are not reflected in this Good Faith Estimate.

Out-of-Network Provider Information		
Provider name and license number	Mrs. Zelina Silber	LMFT 150235
Facility name and identification numbers	Kairos Psychology PC dba Kairos Counseling Center	TIN #46-2634111, NPI #1629410022
Address where services will be provided	790 Mason Street, Suite 102, Vacaville, CA 95688	

Date of service	Diagnosis Code	Service	Estimated amount to be billed
TBD	TBD	Intake Session (90791)	$165
TBD	TBD	Psychotherapy Sessions (90834, 90837, 90839, 90846, 90847)	$165 per session
		Total estimate of what you may owe:	$165 per session

Good Faith Estimate

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.

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. If this happens, federal law allows you to dispute this bill.

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

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.

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.

If you dispute your bill, the provider or facility cannot move the bill for the disputed item or service into collection or threaten to do so, or if the bill has already moved into collection, the provider or facility has to cease collection efforts. The provider or facility must also suspend the accrual of any late fees on unpaid bill amounts until after the dispute resolution process has concluded. The provider or facility cannot take or threaten to take any retributive action against you for disputing the 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.

For questions or more information about your right to a Good Faith Estimate or the dispute process, visit www.cms.gov/nosurprises/consumers, email FederalPPDRQuestions@cms.hhs.gov, or call 1-800-985-3059.

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.

Patient Information	
Patient's Full Name	
Patient's Date of Birth	
Patient's Address	
Patient's Phone Number	
Patient's Signature (or signature of guardian/authorized representative if patient is a minor)	
Date and time of signature	
Name of guardian/authorized representative if patient is a minor	