

You have the right to receive a "Good Faith Estimate"

explaining how much your health care will cost

Under the 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.

- You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services. This includes related costs like medical tests, prescription drugs, equipment, and hospital fees.
- Make sure your health care provider gives you a Good Faith Estimate in writing at least 1 business day before your medical service or item. You can also ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule an item or service.
- 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.

For questions or more information about your right to a Good Faith Estimate, visit www.cms.gov/nosurprises or call 1-800-985-3059.

For questions about your Good Faith Estimate from MindWell, contact our billing team at (607) 260-3100 or support@mindwellcenter.com.

How Good Faith Estimates Work at MindWell

- **Who receives one:** Clients who are uninsured or who choose to self-pay rather than file a claim with their insurance, including clients who have signed a self-pay agreement.
- **When you receive it:** We provide your estimate in writing, through your secure client portal or by email, when you schedule your first appointment or at any time you request one.
- **Ongoing therapy:** Because therapy usually involves recurring sessions, your estimate will reflect the expected number and type of sessions for up to 12 months. We will update it if your treatment plan, session frequency, or our fees change, and at least once a year.
- **Psychological evaluations:** Your estimate will list each expected part of your evaluation, such as the intake, testing, scoring and report writing, and feedback session.
- **What is not included:** The estimate covers expected services only. It does not include late cancellation or missed appointment fees, which are described in our Client Policies.

MindWell Self-Pay Fee Schedule

Effective January 1, 2026

Service	CPT Code	Fee
Individual, parent, family, or couples therapy session	90837, 90847, 90846	\$175
Individual therapy, shorter session	90832	\$130
Individual, parent, family, or couples check-in (10 to 15 minutes)		\$55
Collateral appointment with other providers (15 minutes)		\$55
Collateral appointment with other providers (30 minutes)		\$130
Group therapy (50 to 60 minutes, per session; series of 6 to 12 sessions)	90853	\$65
Psychological evaluation	Varies	Provided in your estimate

Fees are subject to change with 30 days' written notice. Your Good Faith Estimate will always reflect the fees in effect for your scheduled services.

If Your Bill Is Higher Than Your Estimate

- If your bill from MindWell is at least **\$400 more** than your Good Faith Estimate, please contact our billing team first. We are glad to review your bill and correct any errors.
- You may also start the federal patient-provider dispute resolution process. You must start the dispute within **120 calendar days** of the date on your original bill.
- Disputing your bill will not affect the quality of care you receive from MindWell.
- To learn more or start a dispute, visit **www.cms.gov/nosurprises** or call **1-800-985-3059**.

Questions?

Our billing team is happy to explain your estimate or your bill. Email **support@mindwellcenter.com** or call your MindWell office: Ithaca (607) 260-3100, Albany (518) 510-3100, or Burlington (802) 880-3001. Business hours are Monday through Friday, 9:00 am to 5:00 pm ET.