

Good Faith Estimate

No Surprises Act — for self-pay and uninsured patients.

Under the No Surprises Act, you have the right to receive a Good Faith Estimate of expected charges for medical items and services from health care providers and facilities.

You Have The Right To:

- Receive a Good Faith Estimate in writing at least one business day before a scheduled service, or upon request.
- Dispute a bill that is at least \$400 more than the Good Faith Estimate.
- Save a copy of your Good Faith Estimate.

Standard Self-Pay Rates (estimates, subject to change)

Service	Duration	Estimated Fee
Initial Psychiatric Evaluation	60 minutes	\$300
Medication Management Follow-Up	30 minutes	\$175
Therapy Session	30–60 minutes	\$150–\$200

By signing below I acknowledge I have received this Good Faith Estimate. The estimate is not a contract and does not obligate me to obtain services from 360 Talk Therapy.

Patient/Guardian Signature: _____ Date: _____