M. E.
PSYCHIATRIC CARE

THE NO SURPRISES ACT STANDARD NOTICE & CONSENT DOCUMENTS (Good Faith Estimate-LP VERSION)

Date of Good Faith Estimate: 01/01/2026

SURPRISE BILLING PROTECTION FORM

The purpose of this document is to let you know about your protections from unexpected medical bills. It also asks whether you would like to give up those protections and pay more for out-of-network care.

IMPORTANT: You are not required to sign this form, although your professional may decline to work with you if you do not sign it. You can choose to get care from a provider or facility in your health plan's network, which may cost you less.

If you'd like assistance with this document, ask your professional or patient advocate. Take a picture and/or keep a copy of this form for your records.

You're getting this notice because your professional or M. E. Psychiatric Care is not in your health plan's network, you do not have insurance coverage, or you are electing to not use your insurance coverage (i.e., desire paying cash). If your professional/ M. E. Psychiatric Care is not in your health plan's network, this means they do not have an agreement with your plan.

Getting care from this professional could cost you more.

If your plan covers the item or service you're getting, federal law protects you from higher bills:

- When you get emergency care from out-of-network providers and facilities, or
- When an out-of-network provider treats you at an in-network hospital or ambulatory surgical center without your knowledge or consent.

Ask your professional if you need help knowing if these protections apply to you. If you sign this form, you may pay more because:

- You are giving up your protections under the law.
- You will owe the full costs billed for items and services received.
- Your health plan might not count any of the amount you pay towards your deductible and out-of-pocket limit. Contact your health plan for more information.

Before deciding whether to sign this form, you can contact your health plan to find an in-network provider or facility for the services that you are seeking.

The date of the Good Faith Estimate is on the previous page. This estimate is for services for one year from the date of the Good Faith Estimate.

Brief explanation of estimate for new clients

The estimate below is the cost that is likely for most new services seeing your identified professional. Until your professional does an initial evaluation, and you begin work with them, they will not have a clear picture of your specific issues and needs. Our professionals typically see clients for 15 to 30 sessions. However, in some cases a client's issues may be more or less complicated, so total costs may vary widely and a precise estimate of total cost is not possible.

Brief explanation for continuing clients

The estimate below is the range of costs that your professional thinks could be likely for your care over the period covered by this estimate. However, depending on how your mental health treatment progresses, more or fewer sessions may be needed.

Contact: If you have questions about this estimate, please contact Sarah Erbes at (701) 203-5247 or info@mepsychiatriccare.com.

Details of the Estimate

The following is a detailed list of expected charges for mental health treatment services scheduled for 1 year from the date on the first page of this form. There are two amounts on this form. The first is how much the professional bills for the stated service, and the second is the amount you and the professional agreed upon given any financial hardship (if applicable). The estimated costs are valid for 12 months from the date of this Good Faith Estimate, unless your professional/ M. E. Psychiatric Care sends you an updated estimate.

Service	Diagnosis Code (once determined)	Service (CPT) code	Quantity per year	Cost per unit	Adjusted Amount for Financial Hardship (if applicable)	Expected cost
Office/Outpatient New High MDM 60-74 Minutes		99204	1	$450	25%/session	$337.50/ session
Behav Assmt w/Score & Docd/Stand Instrument		96127	1	$20	$20/session	$0/session
Office/Outpatient Est Moderate MDM 30-39 Minutes		99214	varies	$300	25%/session	$225/session
Office/Outpatient Est High MDM 40-54 Minutes		99215	Varies	$450	25%/session	$337.50/ session
Home/Res Visit New Patient High MDM 60-74 Minutes		99344	1	$450	25%/session	$337.50/ session

Home/Res Visit Est Patient Low MDM 30-39 Minutes		99348	Varies	$300	25%/session	$225/ session
Home/Res Visit Est Patient Mod MDM 40-54 Minutes		99349	Varies	$450	25%/session	$337.50/ session

Total estimated cost: $337.50/first session + $225/ following sessions (24 sessions per year = $5,512.50)
Mental Health Professional providing treatment services:
NPI number: 1790347268 TIN: 922144594

Client information: _____

Client name _____DOB _____

Disclaimer: This Good Faith Estimate shows the costs of services that are reasonably expected for the expected services to address your mental health needs. The estimate is based on the information known to your professional/ M. E. Psychiatric Care when the estimate was completed.

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 (appeal) the bill.

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

You may contact M. E. Psychiatric Care at the contact listed above 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.

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.

To learn more and get a form to start the process, go to: www.cms.gov/nosurprises or call CMS at 1-800-985-3059.

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

This Good Faith Estimate is not a contract. It does not obligate you to accept the services listed above. Please note that you are not required to sign this form. However, if you do not sign this form, your professional may not provide mental health treatment services to you. By signing this form, you consent of your own free will and are not being coerced or pressured. You also understand:

- You are giving up some consumer billing protections under Federal law.
- You will be billed bill for full charges for these services or may have to pay out-of-network cost-sharing under my health plan.
- You were given a written notice on the date written in the heading of this document explaining the rationale why your professional or facility is not in network or why you are choosing to pay cash, the estimated cost of services, and what you may owe if you agree to be treated by this professional or facility.
- You received the notice either on paper or electronically (consistent with your choice).
- You fully and completely understand that some or all amounts you pay might not count toward your health plan's deductible or out-of-pocket limit.
- You can end this agreement by notifying the professional or facility in writing before getting services

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 more than the estimate provided above.

Client signature: _____ Date: _____

3523 45th St S, Suite 100 • Fargo, ND 58104 • Phone: 701-203-5247

Miller Psychiatric Care PLLC, dba M.E. Psychiatric Care

www.mepsychiatriccare.com