

Alicia Dan Nutrition, PLLC

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### **Good Faith Estimate & The No Surprises Act**

Beginning January 1, 2022, by the No Surprises Act, health care providers are required to provide patients with a Good Faith Estimate to protect clients who are underinsured or who do not plan to submit a claim to their health care plan from receiving unexpected medical bills. This estimate is not a bill, but a document detailing expected charges for the primary item or service the patient is receiving, and any other items or services provided as part of the scheduled experience.

The following is a detailed list of expected items and services and respective charges for Medical Nutrition Therapy as conducted by Alicia Yang, MPH, RDN, CD, CLES at Alicia Dan Nutrition, PLLC. The estimated costs are valid for 12 months from the date of this Good Faith Estimate.

Service: Medical Nutrition Therapy

Diagnosis code [ICD 10]: Z71.3 Dietary Counseling and Surveillance

Service codes: 97802, 97803

Quantity: 4 50-minute sessions per month (estimated, may vary per patient)

Cost per session: \$270 initial assessment, \$165 follow-up

Total expected charges: \$8658 per year including one initial assessment and weekly 50-minute appointments

#### **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 and does not include any unknown or unexpected costs that may arise during treatment.

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

Throughout your treatment, the provider may recommend additional items or services as part of your treatment that are not reflected in this estimate. These would need to be scheduled separately with your consent and the understanding that any additional service costs are in addition to the Good Faith Estimate. If your needs change during treatment, your provider should supply a new, updated Good Faith Estimate to reflect the changes to treatment, and the accompanying cost changes.

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. The Good Faith Estimate is not a contract between provider and client and does not obligate or require the client to obtain any of the listed services from the provider.

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](http://www.cms.gov/nosurprises) or call HHS at (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](http://www.cms.gov/nosurprises) or call (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.