

## GOOD FAITH ESTIMATE

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](http://www.cms.gov/nosurprises).

### **Provider Estimate**

Provider name: Michelle Liska Therapy, PLLC

Provider/facility type: Outpatient psychotherapy

Addresses:

- Mill Point Building, 101 East Bacon Street, Suite 201, Hillsdale, Michigan 49242
- Partnership Park Chiropractic, 401 South Mechanic Street, Jackson, Michigan 49201
- 360 Consultations, 101 West Liberty Street, Suite 360, Ann Arbor, Michigan 48104

Contact person: Michelle L. Liska, MSW, LMSW, CST—Michigan Trained

Phone: 517.414.7749

Email: [mliska3@comcast.net](mailto:mliska3@comcast.net)

National Provider Identifier (NPI): 1720017106

Organizational National Provider Identifier (Type 2 NPI): 1518572593

Taxpayer Identification Number (TIN): 85-2322300

Details of Services and Items for Michelle Liska Therapy, PLLC:

Individual Psychotherapy Session, 53+ minutes, 90837 Current Procedural Terminology (CPT) service code, \$265/session

Family Psychotherapy Session, 50+ minutes, 90847 Current Procedural Terminology (CPT) service code, \$340/session

The following is a detailed list of expected charges. The estimated costs are valid for 12 months from the date of the Good Faith Estimate:

#### ***Individual therapy clients:***

- Depending on severity of symptoms, changes in life circumstances, vacations, holidays, emergencies, and sick time, in addition to the first individual psychotherapy session at \$375 per session for intake, you may need between 24 and 48 weekly individual psychotherapy sessions of 53+ minutes each this year. At \$265 the estimated total costs are between \$6,470 and \$12,830.

#### ***For family therapy clients:***

- Depending on severity of symptoms, changes in life circumstances, vacations, holidays, emergencies, and sick time, in addition to the first family psychotherapy session at \$375 per session for intake, you may need between 24 and 48 weekly family psychotherapy sessions of 50 minutes each this year. At \$340 for family psychotherapy the estimated total costs are between \$8,195 and \$16,355.

### **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 (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 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. 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) 368-1019.
- 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) 368-1019.
- 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.