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Disclosures and Disclaimers:

The estimated rates and costs are valid until December 31 of the year of this Good Faith Estimate. This Good Faith Estimate is not intended to serve as a recommendation for treatment or a prediction that you may need to attend a specified number of psychotherapy visits. The number of visits that are appropriate in your case, and the actual cost for those services, depends on your needs and what you agree to in consultation with your therapist. You are entitled to disagree with any recommendations made to you concerning your treatment and you may discontinue treatment at any time.

You are encouraged to speak with your therapist at any time about any questions you may have regarding your treatment plan, or the information provided to you in this Good Faith Estimate. The therapist may update this Good Faith Estimate, or issue a new Good Faith Estimate, at any time as circumstances may change.

This Good Faith Estimate is not a contract and shows what the charges could be for psychotherapy services provided to you. It does not require you to obtain the services listed from the therapist indicated above. While it is not possible for the therapist to know, in advance, how many sessions may be necessary or appropriate for a given person, or how many sessions or the length of sessions that you will agree upon, this form provides an estimate of the cost of services to be provided, based on information known at the time the estimate was created. Your actual total cost of services will depend upon the number of sessions you attend, your individual circumstances, the rate per session, and any cancellation fees. This Good Faith Estimate does not include any unknown or unexpected costs or services that may arise during treatment. You could be charged more if complications or special circumstances occur, whether or not a new/revised Good Faith Estimate is issued. If you are billed for substantially more than this Good Faith Estimate, you have the right to dispute the bill.

You may contact the health care provider listed above to let her know the billed charges are higher than this Good Faith Estimate. You can ask her 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. Initiating dispute resolution process will not adversely affect the quality of health care services furnished to you. 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, you will have to pay the higher amount. To learn more and get a form to start the dispute process, go to www.cms.gov/nosurprises/consumers or call 800-985-3059.

Keep a copy of this Good Faith Estimate in a safe place or save a clear picture of it. You may need it if you are billed a higher amount.