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Good Faith Estimate

Date of Good Faith Estimate: _____

The following is a detailed list of expected charges for services. The estimated costs are valid for 12 months from the date of this Good Faith Estimate, unless an updated estimate is completed.

Service	Service code	Quantity	Cost per unit
Psychotherapy	90837		\$275
Cancellation fees			\$200

Total estimated cost: \$13,200 If seen weekly for 12 months
 \$6,600 If seen every other week for 12 months
 \$3,300 If seen monthly for 12 months

Patient Name _____ DOB _____

Patient signature

Disclaimer

This Good Faith Estimate shows the costs of services that are reasonably expected for the services to address your mental health care needs. The estimate is based on the information known to me when I did the estimate.

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 the bill.

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

You may contact Diane Hediger, PhD, at the contact listed above to let her know the billed charges are higher than the 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 may be a 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, 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.

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 \$400 than the estimate provided above.