



10 West Madison Street  
Suite #11  
Baltimore, MD 21201

309 Cathedral Street  
Suite 200  
Baltimore, MD 21201

## Good Faith Estimate for Health Care Items and Services

**You have the right to receive a “Good Faith Estimate” explaining how much your medical care will cost.**

In accordance: Title I (No Surprises Act) of Division BB of the Consolidated Appropriations Act, 2021 (CAA) amended title XXVII of the Public Health Service Act (PHS Act). Under the law, health care providers need to give patients who do not 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.
- If your appointment is 3 or more days out, we will contact you to provide a Good Faith Estimate. If your appointment is 2 days or less, please inquire if you are interested in receiving a Good Faith Estimate.
- 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.

### **Details of SERVICES, PROCEDURE CODES, & GOOD FAITH ESTIMATE**

**The following is a detailed list of expected charges. The "Good Faith Estimate" (GFE) costs are valid for 12 months from the date of the Good Faith Estimate. "Recurring Services" are considered frequent services, as determined, in the best clinical practices interest of the patient, as determined by Controlled Substances requirements, and/or as determined by patient preferences.**

#### **Medication Management Services-Intake**

CPT: 99203 GFE: \$150.00  
CPT: 99204 GFE: \$200.00  
CPT: 99205 GFE: \$250.00

#### **Medication Management Services-Follow Up Appointment (Recurring Services)**

CPT: 99212 GFE: \$100.00  
CPT: 99213 GFE: \$110.00  
CPT: 99214 GFE: \$150.00  
CPT: 99215 GFE: \$250.00

#### **Psychotherapy Services-Intake**

CPT: 90791 GFE: \$250.00

#### **Psychotherapy Service-Therapy (Recurring Services)**

CPT: 90834 GFE: \$120.00  
CPT: 90837 GFE: \$150.00  
CPT: 90846 GFE: \$160.00

Phone: (443) 438-7863  
Fax: (443) 957-9485

[www.CompleteW.com](http://www.CompleteW.com)

**Psychotherapy Service-Family Psychotherapy (Recurring Services)**

CPT: 90846 GFE: \$160.00

CPT: 90847 GFE: \$160.00

**Psychological Assessment Services-Psychological Testing Evaluation**

CPT: 96130 GFE: \$150.00

**Psychological Assessment Services-Testing, Evaluation, & Report Session**

CPT: 96131 GFE: \$150.00 (x 8 units): Total: \$1200.00

**Psychological Assessment Services-Administration & Scoring (1st 30 min)**

CPT: 96136 GFE: \$75.00

**Psychological Assessment Services-Administration & Scoring  
(Each additional 30 min)**

CPT: 96137 GFE: \$75.00 (x 13 units): Total: \$975

**Provider Name: Complete Wellness**

**Service Locations:**

**10 West Madison St #11**

**Baltimore, MD 21201**

**309 Cathedral St, Suite 200**

**Baltimore, MD 21201**

**443-438-7863**

**Office@completew.com**

**TIN: 46-3019666**

**NPI: 1912336934**

**We encourage all clients to call the Member Service number on your ID Card to discuss non-covered services before receiving services.**

**DISCLAIMER:**

The Good Faith Estimate shows the cost of items and services that are reasonably expected for your health care needs for an item or service. The estimate is based on the 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 that happens, federal law allows you to dispute (appeal) the bill. There may be additional items or services the convening facility recommends as part of the course of care that must be scheduled or requested separately and are not reflected in the good faith estimate.

The Good Faith Estimate is not a contract and does not require the uninsured (or self pay) individual to obtain the items or services from any of the providers or facilities identified in the good faith estimate.

For questions or more information about your rights to a Good Faith Estimate, visit [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) or call 1-877-696-6775.

**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, 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 of 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.

**ACKNOWLEDGEMENT OF UNDERSTANDING**

I understand that I am responsible for all costs associated with the services/procedures listed. I have been informed, prior to the service or at introduction of this form, the estimated cost in case my insurance denies payment for any of the reasons listed including the procedure/services are not considered medically necessary, the procedure/services are not a covered benefit under my plan, and/or other denial of coverage.