A logo of a hand holding people

AI-generated content may be incorrect.

**You have the right to receive a “Good Faith Estimate” explaining how much your medical care will cost OMB Control Number 0938-1401**

**Disclaimers & Your Rights:**

* 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.
* The information provided in this Good Faith Estimate is only an estimate and actual items, services, or charges may differ from the good faith estimate.
* You, as a patient, have the right to initiate a patient-provider dispute resolution process if the actual billed charges substantially exceed the expected charges included in the good faith estimate. <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Guidance-Good-Faith-Estimate-Patient-Provider-Dispute-Resolution-Process-for-Providers-Facilities-CMS-9908-IFC.pdf> **or** <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Good-Faith-Estimate-Patient-Provider-Dispute-Resolution-Process-for-Uninsured-or-Self-Pay-Individuals.pdf>
* There may be additional items or services recommended as part of the course of care that must be scheduled or requested separately and are not reflected in the good faith estimate
* 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.
* This Good Faith Estimate is not a contract and does not require you to obtain the items or services from Dr. Kuhn or any of the providers identified in the good faith estimate.
* 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.

**Where Services Will be Rendered:**

Online: using a private, secure, HIPAA compliant telehealth platform

In person: In office: 160 S 1000 E, Suite 210 Salt Lake City, UT 84102

**Frequency and Duration of Services:**

The frequency and duration of your therapy services at One Haven, PLLC will depend on a number of factors including your availability and your response to interventions. Most individuals we see engage in weekly 1-hour (50-minute) sessions for at least 6-12 months, with some exceptions throughout the year due to holidays, scheduling conflicts, etc. Thus, you will see the estimated total cost of services outline below for 24-44 sessions. If the frequency or duration of your course of therapy significantly deviates from this norm, you will be provided with an updated Good Faith Estimate as soon as that information is determined by your therapist and/or yourself.

I understand that if I have health insurance, and the services I am receiving from this Provider are a covered benefit under my health insurance plan, that I may receive services at an "in-network" provider/facility at a reduced rate.

For questions or more information about your right to a Good Faith Estimate, visit www.cms.gov/nosurprises or call your provider at 801-355-3554.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Client Name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client Date of Birth

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client or Guardian Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ B. Dr. Kuhn Date License # 5989734-2501 Tax ID:27-3799181 NPI: 1467557314