Insert Date

Dear Client Name,

In compliance with the No Surprises Act that went into effect January 1, 2022, all healthcare providers are required to notify clients of their Federal rights and protections against potential “surprise billing.”

This Act requires that we notify you of your federally protected rights to receive a notification when services are rendered by an out-of-network provider, if a client is uninsured, or if a client elects not to use their insurance.

Additionally, we are required to provide you with a Good Faith Estimate of the cost of services (attached). It is difficult to determine the true length of treatment for mental health care and each client has a right to decide how long they would like to participate in psychotherapy services. Therefore, attached you will find a fee schedule for the services offered by your therapist. Your therapist will collaborate with you to determine how many sessions you may need.

Please review the Good Faith Estimate and let your therapist know if you have any questions.

Sincerely,

Insert Your Name and Credentials Here