

Cancellation Policy & Good Faith Estimate

Futrell Counseling & Consulting, LLC abides by the following cancellation policy. As you know, therapy appointments are exceedingly difficult to obtain in this area and the demand is high. If you are unable to attend your scheduled appointment, please cancel at least 48-Hours in advance. Failure to do so results in the fees below. A 15-Minute Grace Period will be provided for all appointments. If you do not attend your appointment within the allotted grace period, your appointment will be cancelled, and you will be billed a "No Show" fee as indicated below. In the event of a documented medical emergency, please discuss the applicability of this fee with your provider. After three (3) cancellations, reschedules, or no-shows, your services are at risk of being discontinued.

Cancel at least 48 hours in advance: No cancellation fee

Cancel within 48 hours: \$80

No Show Fee: \$100

Note: Medicaid recipients are exempt from "Cancellation" and "No Show" fees per insurance coverage regulations, therefore we encourage rescheduling of your missed appointment.

Good Faith Estimate

No Surprise Billing Section 2799B-3 of the Public Health Service Act (PHS Act) requires health care providers and facilities to make publicly available, post on a public website of the provider or facility (if applicable), and provide a one-page notice that includes information in clear and understandable language.

You have the right to receive a "Good Faith Estimate" explaining how much your medical and mental health care will cost. 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 expected charges for medical services, including psychotherapy services. You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency healthcare services, including psychotherapy services. The Good Faith Estimate is NOT a contract and does not obligate you to obtain services from any providers identified in the Good Faith Estimate.

You can ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule a 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. For questions or more information about your right to a Good Faith Estimate, visit www.cms.gov/nosurprises/consumers

If you have any questions or concerns regarding this, please do not hesitate to reach out to 302-760-9736 or futrellcounselingandconsulting@outlook.com.

Thank you,

Dr. Futrell

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