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NSA Notice & Good Faith Estimate Questionnaire

This **MUST** be completed before I can provide any services to you.
Please reach out before signing if you have any questions.

Are you enrolled in (check all that apply)?

1. Group health plan _____
2. Group or individual health insurance coverage offered by a health insurer _____
3. Federal health care plan _____
4. Health benefits plan under a Federal Employees Health Benefits (FEFB) program _____

If you checked any of the above 1-4:

am I (Gary J Neuger, Ph.D./ Intelligent Hypnotherapy, LLC) in-network or out-of-network with your plan?
_____ (Fill in "in" or "out") If "in," skip the next question and sign below;

if you wrote "out" do you intent to submit, or wish me to submit claims for the services I will be providing you to that plan or coverage? _____ (Fill in "yes" or "no")

If you wrote "yes" above or are planning to pay for services out-of-pocket (i.e., self pay), do you wish to receive your Good Faith Estimate on paper or electronically? (check only one of the following)

Paper Copy: in person _____ by mail _____ electronically via email _____

I have received a copy of the NSA Notice via my selected method.

Patient or responsible party

Date

You have the right to receive a “Good Faith Estimate” explaining how much your medical 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 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.
- 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.

For questions or more information about your right to a Good Faith Estimate, visit www.cms.gov/nosurprises or call (800) 985-3089.