##

Effective January 1, 2022, a law was passed called the “No Surprises Act,” which requires health practitioners to provide a “Good Faith Estimate” (GFE) about out-of-network care to any patient who is uninsured or who is insured but does not plan to use their insurance benefits to pay for healthcare services.

You are entitled to receive this GFE because you are seeking nutrition counseling services as part of your healthcare. This form provides an estimate of the cost of services provided for the next 12 months, as every GFE should include the cost of services for 1 full year. Your total cost of services will depend upon the number of nutrition counseling sessions you attend, your individual circumstances, and the type and amount of services that are provided to you. This estimate is not a contract and does not obligate you to obtain any services from the provider(s) listed, nor does it include any services rendered to you that are not identified here.

Visit www.cms.gov/nosurprises/consumers for more information about your rights under federal law.

Client Name:

Date of Birth:

Address:

Phone Number:

Email:

Client Diagnosis: Z71.3 Dietary Counseling.

**Thank you for choosing to be a client here at my practice.**

Gina Sellinger, MPH, RDN

* Group Practice NPI: N/A
* Individual Provider NPI: 1356976690
* Practice Tax ID: 88-1827854
* RDN Number: 86147123

**Estimated Cost of Services, updated September 2023:**

Our initial assessment fee is $150. Our standard follow-up appointment fee is $115.

For clients that see a dietitian weekly (average of 4 appointments/month, with 4.33 weeks/month), the total cost of treatment is $5,972.45.

This Good Faith Estimate is not a contract and does not obligate you to obtain any services from the provider(s) listed, nor does it include any services rendered to you that are not identified here.

* + The information provided in this good faith estimate is only an estimate and that actual items, services, or charges may differ from the good faith estimate.
	+ You as a client 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.
	+ The good faith estimate is not a contract and does not require any individual to obtain the items or services from any of the providers or facilities identified in the good faith estimate.
	+ If you receive a bill that is at least $400 more than your Good Faith Estimate, you can dispute the bill.

Name:

Client (or Parent) Signature that you have received a Good Faith Estimate:

Signed on this Date: