

Notice: Your Right to a Good Faith Estimate

Oceanic Counseling Group LLC — Under the federal No Surprises Act

You have the right to receive a Good Faith Estimate explaining how much your care will cost.

Under the law, health care providers must give clients who do not have insurance, or who are not using insurance, an estimate of the expected charges for medical and mental health services. This notice describes that right and how to obtain your estimate.

Your Rights

- You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency services. This includes the assessment and ongoing therapy sessions.
- You can ask Oceanic Counseling Group LLC, or any provider you choose, for a Good Faith Estimate before you schedule a service.
- If you schedule a service at least 3 business days in advance, you will receive a Good Faith Estimate in writing within 1 business day after scheduling. If you request one, you will receive it within 3 business days.
- 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.

How Oceanic Counseling Group Provides Your Estimate

This Good Faith Estimate is for clients who are **uninsured or who choose not to use insurance (self-pay)**. It is based on our self-pay rates and does **not** depend on any insurance plan.

- If you are uninsured or self-pay, your individualized Good Faith Estimate is generated and delivered to you in writing through the SimplePractice client portal — automatically when you schedule, and upon request.
- Because therapy is an ongoing service, your estimate reflects expected charges over a period of up to 12 months and will be updated if your treatment plan or fees change.
- To request a Good Faith Estimate, or if you have not received one, contact us at 843-894-0000 or billing@oceaniccounseling.com and we will provide one promptly.

If You Are Using Insurance

The Good Faith Estimate described above applies to uninsured and self-pay clients and is not based on insurance. If you use insurance, your out-of-pocket cost — such as your copay, coinsurance, and deductible — is determined by your specific plan. Please contact your insurance company to verify your coverage and benefits, and contact our billing department at 843-894-0000 with any questions about your estimated responsibility.

For More Information

For questions or more information about your right to a Good Faith Estimate, visit www.cms.gov/nosurprises or call 1-800-985-3059. This notice is also posted at our office locations where scheduling or cost questions occur.

This Notice of the right to a Good Faith Estimate is provided for informational purposes and is not a bill, a contract, or an estimate of charges for any specific client.