

# Bethany B. Davis, MD

## Good Faith Estimate for Health Care Items and Services

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 healthcare 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](http://www.cms.gov/nosurprises).

Provider Information:

Bethany B. Davis MD, LLC

Board Certified Psychiatrist

6065 Roswell Rd NE Ste 820

Atlanta, GA 30328

Phone: 470-223-0062

NPI: 1881763001 TIN: 20-3010438

**The fees for each service are below and the ultimate total fee for treatment will be the number of each service multiplied by the service fee. The type and number of total services in your treatment is unknown at the outset and is based on your needs, preferences, and the progress made in the treatment.**

### Fees For Services

90792 Diagnostic evaluation with medical services\$325

99212 Medication check, straightforward \$200

99213 Medication check, Low complexity\$200

99214 Medication check, Moderate complexity\$200

99215 Medication check, High complexity\$200

99213 Medication check, Low Complexity+ 90833 16-37m psychotherapy\$200

99214 Medication check, Moderate Complexity+ 90833 16-37m psychotherapy\$200

99215 Medication check, High Complexity+ 90833 16-37m psychotherapy\$200

99213 Medication check, Low Complexity+ 90836 38-52m psychotherapy\$300

99214 Medication check, Moderate Complexity+ 90836 38-52m psychotherapy\$300

99215 Medication check, High Complexity+ 90836 38-52m psychotherapy\$300

PA Prior Authorization\$50

\*all fees applicable to appointments cancelled without 24 hour notice.

## Disclaimers:

- This Good Faith Estimate shows the costs of items and services that are reasonably expected for your health care needs for an item or service. The estimate is based on information known at the time the estimate was created.
- The Good Faith Estimate does not include any unknown or unexpected costs that may arise during treatment. You could be charged more if complications or special circumstances occur. If this happens, federal law allows you to dispute (appeal) the bill
- There may be additional items or services the convening provider or convening facility recommends as part of the course of care that must be scheduled or requested separately and are not reflected in the good faith estimate
- The information provided in the good faith estimate is only an estimate and that actual items, services, or charges may differ from the good faith estimate
- You, the patient, 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. If you are billed for more than this Good Faith Estimate, you have the right to dispute the bill. You may contact the health care provider or facility listed to let them know the billed charges are higher than the Good Faith Estimate. You can ask them to update the bill to match the Good Faith Estimate, ask to negotiate the bill, or ask if there is financial assistance available. You may also start a dispute resolution process with the U.S. Department of Health and Human Services (HHS). If you choose to use the dispute resolution process, you must start the dispute process within 120 calendar days (about 4 months) of the date on the original bill. There is a \$25 fee to use the dispute process. If the agency reviewing your dispute agrees with you, you will have to pay the price on this Good Faith Estimate. If the agency disagrees with you and agrees with the health care provider or facility, you will have to pay the higher amount. To learn more and get a form to start the process, go to [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) or call 1-877-696-6775
- For questions or more information about your right to a Good Faith Estimate or the dispute process, visit [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) or call 1-877-696-6775 .The initiation of a patient-provider dispute resolution process will not adversely affect the quality of health care services furnished to the patient
- The good faith estimate is not a contract and does not require the uninsured (or self-pay) individual to obtain the items or services from any of the providers or facilities identified in the good faith estimate.

**Keep a copy of this Good Faith Estimate in a safe place or take pictures of it. You may need it if you are billed a higher amount.**