



**Alpine Growth, LLC**  
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## **Good Faith Estimate Notice**

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 bill 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 service. This includes psychotherapy services.

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 ask your health care provider, and any other provider you chose, 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) or call HHS at (800) 368-1019