



MIRACLE Counseling

Miracle Counseling and Life Coaching, LLC

Good Faith Estimate for Health Care Items and Services

<b>PATIENT</b>	
Patient's Full Name:	
DOB:	Identification Number:
Street or PO Box:	Apartment:
City:	State: ZIP Code:
Phone:	Email:
Patient's Contact Preference: <input type="checkbox"/> By mail <input type="checkbox"/> By email	
<b>Patient Diagnosis</b>	
Primary Service or Item Requested/Scheduled	
Patient Primary Diagnosis	Primary Diagnosis Code
Patient Secondary Diagnosis	Primary Diagnosis Code
If scheduled, list the date(s) the Primary Service or Item will be provided: <input type="checkbox"/> Check this box if this service or item is not yet scheduled	Date of Good Faith Estimate:
Provider Name	Estimated Total Cost
Provider Name	Estimated Total Cost
Provider Name	Estimated Total Cost
Total Estimated Cost: \$	

The following is a detailed list of expected charges for (LIST PRIMARY SERVICE OR ITEM) \_\_\_\_\_, scheduled for (LIST DATE OF SERVICE, IF SCHEDULED) \_\_\_\_\_. [Include if items or services are recurring, "The estimated costs are valid for 12 months from the date of the Good Faith Estimate.



MIRACLE Counseling

<b>Miracle Counseling Estimate</b>			
Provider/Facility Name: Miracle Counseling and Life Coaching, LLC			
Provider/Facility Type: Mental Health Clinic			
Street Address: 8440 West National Ave. West Allis, WI 53227			
Contact Person: Elguer Cabrera	Phone: 414-405-1682	Email: Miracle@miraclecounseling.org	
NPI	Taxpayer Identification Number		
<b>Details of Services and Items for Miracle Counseling</b>			
Service/Item:			
Address where service/item will be provided:			
Diagnosis Code:	Service Code:	Quantity:	Expected Cost: \$
Total Expected Charges from Miracle Counseling \$			
Additional Health Care Provider/Facility Notes:			

**Disclaimer**

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.

**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). 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).

**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.**