Heidi Lack, PhD, ATR-BC
16 Clarke St. #23
781-863-8696 HL@DrHeidiLack.com, DrHeidiLack.com

THE NO SURPRISES ACT
STANDARD NOTICE AND CONSENT DOCUMENTS

(OMB Control Number: 0938-1401)

SURPRISE BILLING PROTECTION FORM

The purpose of this document is to let new and current clients know about your protections from unexpected medical bills. I am required by Federal law to provide this information to you. (Please note that some portions of this document have been modified to better reflect this provider's practice.)

IMPORTANT: You are not required to sign this form and should not sign it if you didn't have a choice of health care provider when you received care. You can choose to get care from a provider or facility in your health plan's network, which may cost you less.

If you'd like assistance with this document, ask your provider or a patient advocate. Take a picture and/or keep a copy of this form for your records.

You are receiving this notice because this provider does not participate in insurance plans, and therefore, is not in your health plan's network. This means this provider does not have an agreement with your insurance plan.

Receiving care from this provider or facility could cost you more.

If your plan covers the item or service you're getting, federal law protects you from higher bills:
- When you get emergency care from out-of-network providers and facilities, or
- When an out-of-network provider treats you at an in-network hospital or ambulatory surgical center without your knowledge or consent.

Ask your health care provider or patient advocate if you need help knowing if these protections apply to you.

If you sign this form, you may pay more because:
- You are giving up your protections under the law associated with in-network health insurance practices.
- You will owe the full costs billed for items and services received.
- Your health plan might not count any of the amount you pay towards your deductible and out-of-pocket limit. **Contact your health plan for more information**.

If you are working with this provider, you will be asked to sign a form agreeing to accept the provider's fees for out-of-network treatment. Please sign this form only if you feel you have had a choice of providers. You should NOT sign this form if you did not have a choice of providers when receiving care. For example, if a doctor was assigned to you with no opportunity to make a change.

Before deciding whether to sign this form, you can contact your health plan to find an in-network provider or facility. If no one is available, your health plan might work out an agreement with this provider or facility, or another one. (Please note: This provider is under no obligation to accept any agreement with your health insurance plan and it is office policy not to do so.)

See the next page for your rights.

Heidi Lack, PhD, ATR-BC
16 Clarke St. #23
781-863-8696 HL@DrHeidiLack.com, DrHeidiLack.com

Estimate of What You Could Pay

Out-of-network provider(s) or facility name: Heidi S. Lack, PhD, ATR-BC

Total cost estimate of what you may be asked to pay: It is your ethical right to determine your goals for treatment and how long you would like to remain in therapy unless you are pursuing mandatory treatment. Please see the breakdown of possible fees which will be sent to you entitled “Good Faith Estimate”.

► **Review your detailed estimate.** See the Good Faith Estimate for cost estimate for each item or service.

► **Call your health plan.** Your plan may have better information about how much of these services are reimbursable.

► **Questions about this notice and estimate?** Call 781-863-8696

► **Questions about your rights?** Visit CMS.gov/no surprises, or call the Help Desk at **1-800-985-3059**

► **Prior authorization or other care management limitations**

Except in an emergency, your health plan may require prior authorization (or other limitations) for certain items and services. This means you may need your plan’s approval that it will cover an item or service before you get them. If prior authorization is required, ask your health plan about what information is necessary to get coverage.

More information about your rights and protections

Visit https://www.cms.gov/files/document/model-disclosure-notice-patient-protections-against-surprise-billing-providers-facilities-health.pdf for more information about your rights under federal law.