



Prism Mental Health Solutions Inc.

Good Faith Estimate Notice



Transforming Mental Health Through Compassion, Clarity, and Clinical Excellence

1. Your Right to a Good Faith Estimate



If you do not have health insurance, or you have insurance but do not plan to use it for a particular service, you have the right to receive a Good Faith Estimate explaining how much your healthcare is expected to cost. Prism Mental Health Solutions Inc. (Prism MHS) provides estimates for qualifying uninsured and self-pay patients under the federal No Surprises Act. You may request an estimate before scheduling care.

2. What Your Estimate Includes



Your written estimate identifies the healthcare services reasonably expected to be provided, anticipated charges, and other information required by federal rules. For mental-health treatment, this may include diagnostic evaluations, psychotherapy sessions, and anticipated recurring services. It is an estimate based on information available when prepared—not a bill, a promise of a particular treatment duration, or a guarantee that your final charges will be identical.

3. When You Will Receive It



If you schedule care at least 3 business days before the appointment, we generally provide the estimate within 1 business day after scheduling. If you schedule at least 10 business days in advance, we generally provide it within 3 business days after scheduling. If you request an estimate without scheduling, we generally provide it within 3 business days after your request. These deadlines apply to qualifying uninsured and self-pay services; you may also ask us for information about fees at any time.

4. Ongoing Therapy and Changes to Care



Therapy may involve recurring visits, and the number or type of sessions may change based on clinical needs and your preferences. An estimate for recurring services reflects the information reasonably available at the time and does not require you to attend a fixed number of visits. Ask Prism MHS for an updated estimate when your anticipated services or expected charges change.

5. If Your Bill Is Higher Than Expected



If you receive a bill from a provider or facility that is at least \$400 more than the total expected charges listed for that provider or facility on your Good Faith Estimate, you may be eligible to use the federal patient-provider dispute resolution process. Generally, you must start the dispute within 120 calendar days of the date on the original bill. You may also contact Prism MHS to ask about charges or request clarification.

6. Learn More or Start a Dispute



For information about Good Faith Estimates and the federal dispute process, visit www.cms.gov/nosurprises or call 1-800-985-3059. Keep a copy or photograph of your Good Faith Estimate; you may need it if you dispute a bill. Questions about a Prism MHS estimate may be directed to Prism MHS Administration at (814) 931-0417.

7. How to Request Your Estimate



Contact Prism Mental Health Solutions Inc., 264 Haida Avenue, Suite B, Hastings, PA 16646-5611. Telephone: (814) 931-0417. Email: info@prismmhs.org. Tell us which services you are considering and that you are uninsured or intend to self-pay. We will provide your estimate through an appropriate delivery method.

8. Important Information



You are not required to give up your right to a Good Faith Estimate. The estimate is not a contract and does not obligate you to receive any service listed. Actual charges may differ if your care changes. This notice explains general federal rights; the individualized Good Faith Estimate is a separate document showing expected charges for your specific care.