



116 Central Avenue, Buffalo, MN 55313
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Good Faith Estimate

Start date:

Exploration date:

Client's Name:

Client's Date of Birth:

Client's Address:

Client's Email Address:

Provider Estimate

The following is a detailed list of expected charges. The estimated costs are valid for the calendar year from the date of signature to the end of the year, 12/31, for the Good Faith Estimate.

Diagnosis:

Cost of services breakdown

Service codes:	Fee per services:	Amount of services:	Total cost per service:
90791 - Diagnostic Assessment:	\$250.00		
90837 - 53+ minutes therapy session:	\$200.00		
90834 - 45 minutes therapy session:	\$175.00		
90832 - 30 minutes therapy session:	\$150.00		
90847 and 90846 - Family Therapy:	\$200.00		
Interactive Complexity	\$30.00		
Total Expected Estimated Cost:			

Provider/facility type: Anchor Recovery

Phone: (763) 250-7357

Email: billing@anchormn.com

National Provider Identifier (NPI): 1861165391

Taxpayer Identification Number (TIN): 84-3792942

Office locations:

- 116 Central Avenue, Buffalo, MN 55313
- Telehealth

Disclaimer

On 1/1/2022, a federal law was updated to include the “No Surprises” Act. This is for all healthcare providers to provide transparency in cost of service to those who do not have insurance or choose to not utilize insurance benefits. 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, and does not include any unknown or unexpected costs that may arise during treatment.

If you are billed \$400 for more than this Good Faith Estimate, you have the right to dispute the bill.

Throughout your treatment, the provider may recommend additional items or services as part of your treatment that are not reflected in this estimate. These would need to be scheduled separately with your consent and the understanding that any additional service costs are in addition to the Good Faith Estimate.

If your needs change during treatment, your provider should supply a new, updated Good Faith Estimate to reflect the changes to treatment, and the accompanying cost changes.

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.

The Good Faith Estimate is not a contract between provider and client and does not obligate or require the client to obtain any of the listed services from the provider.

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 or call HHS at (800) 985-3059.

For questions or more information about your right to a Good Faith Estimate or the dispute process, visit www.cms.gov/nosurprises or call (800) 985-3059.

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.