

Reflections Therapy & Perinatal Wellness, LLC

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NO SURPRISES ACT

Notice in accordance with the No Surprises Act:

Under Section 2799B-6 of the Public Health Service Act, health care providers and health care facilities, including mental health providers, are required to inform individuals who are not enrolled in a private insurance plan or covered under a Federal health care program how much their medical care will cost. This estimate is referred to as a Good Faith Estimate. If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill. For questions or more information about your right to a Good Faith Estimate, visit www.cms.gov/nosurprises

All fees for services provided by Reflections Therapy & Perinatal Wellness are provided on our website, as well as in the Informed Consent which is to be signed prior to the first session. Because therapy is voluntary, total fees will be dependent on the number of sessions attended, however, in general can be calculated using the formula of 1 intake session + the total number of psychotherapy sessions x the session fee. A more detailed estimate can be provided after a course of treatment is determined.