

MISSION

The **BabbCenter** is a ministry of First Baptist Church of Hendersonville, Tennessee. Our ministry is one of healing and hope based on the principles and example of Jesus Christ. Church members and people from the community are equally welcome. Counseling practices are based on Christian principles, sound academic training, and biblical guidelines.

GOOD FAITH ESTIMATE

You are entitled to receive a good faith estimate of what the charges could be for counseling services provided to you. While it is not possible for a counselor to know, in advance, how many sessions may be necessary or appropriate for a given person, this form provides an estimate of the cost of services provided. Your total cost of services will depend upon the number of counseling sessions you attend, your individual circumstances, and the type and amount of services that are provided to you.

WHY YOU ARE RECEIVING THIS GOOD FAITH ESTIMATE

On January 1, 2022 a portion of the “No Surprises Act” was implemented. This federal law was passed to help to protect people from surprise medical bills when receiving “out of network” or “private pay” care. You are receiving this notice because this provider or facility isn’t in your health plan’s network. This means the provider or facility doesn’t have an agreement with your plan to cover the cost of counseling services. Getting care from this provider or facility could cost you more.

You aren’t required to sign this form and shouldn’t sign it if you didn’t have a choice of health care provider. You can choose to get care from a provider or facility in your health plan’s network, which may cost you less. Before deciding whether to sign this form, you can contact your health plan to find an in-network provider or facility.

A summary of estimated costs are provided below so that you may compare the costs of receiving out of network/private pay care and the costs of receiving in-network services.

COST PER SESSION

The per session fee for your provider is \$125

ESTIMATED CHARGES SUMMARY

Number of Weeks	Bi-Weekly	Weekly
4 Weeks (approximately 1 month)	\$250	\$500
26 Weeks (approximately 6 months)	\$1625	\$3250
52 Weeks (approximately 12 months)	\$3250	\$6500

If you cancel your appointment less than 24 hours prior to your session or miss the appointment, you will be charged \$50.

ADDITIONAL SERVICES

There may be services recommended as part of your care that must be scheduled or requested separately and are not reflected in this good faith estimate. This estimate is not a contract and does not obligate you to obtain any services from the provider listed, nor does it include any services rendered to you that are not identified here.

