

Dear Valued Client,

In compliance with the No Surprises Act that went into effect on January 1, 2022, healthcare consumers who don't have insurance or who are not using their insurance have a right to receive a Good Faith Estimate for the total expected cost of any non-emergency medical items or services. The No Surprises Act also requires us to notify all healthcare consumers when services are rendered by a non-participating provider and provide options to receive care from an in-network provider if one is available. Please read the [Disclosure Notice Regarding Patient Protections](#) to better understand your rights.

Additionally, we are required to provide you with a Good Faith Estimate of the cost of services for the duration of treatment. It is difficult to determine the true length and nature of treatment for certain types of health care. Attached is our best estimate based on what is most typical at Intuition Wellness Center. **Please read and sign the Good Faith Estimate which follows.** This estimate is provided in an effort to be as transparent as possible about your potential financial investment in services at Intuition Wellness Center.

You may incur fees throughout your care at Intuition Wellness Center that are in addition to costs associated with direct services. These fees may occur due to the following (not an exhaustive list):

- Late cancellation/no show fee
- Medical records request
- Completion of documents (FMLA, disability, summary letters, etc)
- Consultation/Case Management (IEP meetings, coordination of care, etc)
- Subpoena & Court Orders (request to testify)

**For a complete list of fees, please see our online [Pricing Schedule](#).**

Intuition Wellness Center  
5675 N Oracle Road, Suite 3101  
Tucson, AZ 85704  
EIN: 46-1623524  
NPI: 1053657841



# Good Faith Estimate

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Primary Diagnosis and Diagnostic Code: To be determined; fee per service will remain the same regardless of diagnosis.

## Naturopathic Family Medicine Clients

Service Code	Description	Frequency	Cost	Total
	New Patient Visit	1	\$250 per visit	\$250
	Wellness Visit	1-6x (based on client age)	\$125 per visit	\$125-\$750
	Follow-Up Visit Ongoing Concern	0-6x	\$100 per visit	\$0-\$600
	Sick Visit	2-4x	\$100 per visit	\$200-\$400
	Brief Service/ After-hours call	1-2	\$50 per unit	\$50-\$100
	Vaccine/Sleep Consultation	0-1	\$250 per unit	\$0-\$250
	Self-Pay Laboratory	0-1	\$300 per unit	\$0-\$300
Total Estimate:				\$625-\$2,650

\*\*See Schedule of Fees for additional costs of services



**Call your health plan.** If you have additional questions regarding your anticipated out-of-pocket costs or cost-sharing benefits please contact your health insurance plan. Your plan may have better information about how much you will be asked to pay. You also can ask about what's covered under your plan and your provider options.

**Questions about this notice and estimate?** Call Intuition Wellness Center's Billing department at (520) 333-3320 or email [contact@intuitionwellness.com](mailto:contact@intuitionwellness.com).

**More information about your rights and protections:** Visit <https://www.cms.gov/nosurprises> for more information about your rights under federal law. You can also contact the [Department of Health and Human Services](#) with questions.

**Understand your options.** You can also get the items or services described in this notice from providers who are in-network with your health plan. Intuition Wellness will give you in-network referral information if possible. Following is the Intuition Wellness Provider and their NPI and insurance status:

<b>Clinician</b>	<b>BCBSAZ</b>	<b>Aetna</b>	<b>Any Other</b>
Kate Sage, NMD Naturopathic Family Physician NPI: 1265768683	Out of Network	Out of Network	Out of Network

By signing, I give up my federal consumer protections and agree to pay more for out-of-network care. With my signature, I am saying that I agree to get the items or services from (select):

[ ] Kate Sage, NMD

With my signature, I acknowledge that I am consenting of my own free will and am not being coerced or pressured. I also understand that:

- I'm giving up some consumer billing protections under federal law.
- I may get a bill for the full charges for these items and services, or have to pay out-of-network cost-sharing under my health plan.
- I was given written notice on \_\_\_\_\_ explaining that my provider or facility isn't in my health plan's network, the estimated cost of services, and what I may owe if I agree to be treated by this provider or facility.
- I got the notice either on paper or electronically, consistent with my choice.
- I fully and completely understand that some or all amounts I pay might not count toward my health plan's deductible or out-of-pocket limit.
- I can end this agreement by notifying the provider or facility in writing before getting services.



**IMPORTANT:** You **don't** have to sign this form. But if you don't sign, this provider and Intuition Wellness might not be able to treat you. You can choose to get care from a provider or facility in your health plan's network.

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Client/Guardian Printed Name	Signature of Client /Guardian	Date/Time of Signature
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Additional Guardian Printed Name	Signature of Guardian	Date/Time of Signature
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Take a picture and/or keep a copy of this form. It contains important information about your rights and protections.

