NO SURPRISES ACT NOTICE | UPDATED SEPTEMBER 23, 2026

# Your Right to a Good Faith Estimate

If you do not have health insurance, or you choose not to use insurance for your care, federal law gives you the right to receive an estimate of expected charges before services are provided.

**You have the right to receive a Good Faith Estimate explaining the expected cost of your care.**

## What this means

- You may ask for a Good Faith Estimate before scheduling a service, or you will receive one when qualifying care is scheduled.
- The estimate will describe the reasonably expected charges for the scheduled services based on information known when it is prepared.
- If you schedule a service at least 3 business days in advance, the estimate generally must be provided in writing within 1 business day after scheduling.
- If you schedule at least 10 business days in advance, the estimate generally must be provided within 3 business days after scheduling.
- If you request an estimate before scheduling, it generally must be provided within 3 business days after the request.
- The estimate may be provided electronically or on paper in your requested format. Keep a copy for your records.

## Current standard fees

| Service | Standard fee |
|---|---|
| Free consultation | $0 |
| Individual therapy - 50 minutes | $125 |
| Couples therapy - 50 minutes | $125 |
| Group therapy - 90 minutes | $45 |

These fees are provided for general information and are not an individualized Good Faith Estimate. Your estimate will reflect the services reasonably expected for your care. Reduced-fee arrangements, if offered and agreed to in writing, may change the amount.

## If your bill is higher than expected

If the amount billed by this provider is at least $400 more than the amount listed in the applicable Good Faith Estimate, you may be eligible to use the federal patient-provider dispute resolution process. Starting a dispute will not adversely affect the quality of care you receive.

For questions about your rights or the dispute process, visit cms.gov/nosurprises/consumers or call 1-800-985-3059.

## Requesting an estimate

To request a Good Faith Estimate, contact the practice below. Providing enough information about the service you are considering will help us prepare the estimate.

Good Faith Estimate requests

Dylan Maberry, LMFT Associate
Supervised by Brittany Whallen, LMFT-S #201534
Dylan Maberry Counseling, PLLC
12741 Research Blvd, Suite 505, Austin, Texas 78759
512-522-2804
contact@dylanmaberry.com

Source: Section 2799B-6 of the Public Health Service Act, 45 C.F.R. Part 149, and Centers for Medicare & Medicaid Services guidance at cms.gov/nosurprises.