



Reiki Family Good Faith Estimate

As required by the **No Surprises Act** (December 2021), **health providers need to give clients who don't have insurance, or who are not using insurance for payment, an estimate of the bill for health care services.**

You have the right to receive a "Good Faith Estimate" in writing, at least 1 business day before your scheduled consultation, or before scheduling a consultation.

This Good Faith Estimate shows the costs that are reasonably expected for requested services by a new or prospective client to address mental, physical and spiritual health needs at Reiki Family. This Good Faith Estimate is not a contract; a prospective or new client is not obligated to schedule or accept estimated services.

- **The estimate provided is a range** of costs that is likely for new clients over 1 year of work together.
- The client requests each Reiki Family appointment. Total cost therefore depends on the number of sessions requested by the client. National survey data shows that the average client attends 14 sessions with a spiritual healer. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3090998/>)
 - "The frequency of use of a spiritual healer or reliance on the prayers of others may exceed almost every other CAM therapy... While 4% of the U.S. population used spiritual healing, 9% reported a visit to a spiritual healer, and users averaged 14 sessions."
 - "A followup study found that spiritual healing by others was now reported by 7.0% of the population and self-prayer for healing by 35.1%, more than twice the rate of any other therapy. (<https://pubmed.ncbi.nlm.nih.gov/9820257/>)

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

- You may contact the Reiki Family office 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.
- 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 HHS 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.
- Ask questions, learn more or get a form to start the dispute process at: www.cms.gov/nosurprises or call CMS at 1-800-985-3059.
- **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 more than \$400 than the estimate provided below.**

The following page has a Simple Good Faith Estimate for a prospective or new client. It provides a cost estimate for spiritual healing services over 1 year, as provided by Kent Combs at Reiki Family. This simple estimate can be refined for you during the first appointment at Reiki Family, if desired.



Date of Estimate: _____ / Good through date: _____

Client Name: _____ **Date of Birth:** _____

Client Phone and Email: _____

Home Address (Street/City/State/Zip): _____

Business EIN: 85-0939986

Kent Combs National Provider Identifier: 1730832403

Contact: For any questions about this estimate, please email our office at kent@reikifamily.com

Services Provided location: HIPAA compliant ZOOM Online. Procedure Code CPT 95550-12 / IBN 1916

Services Provided: Reiki, Qigong, and Spiritual Guidance.

Fees:

- Individual session \$70 (30 minutes) \$90 (45 minutes) \$120 (60 minutes)
- Family session (2-4 people together in a family setting): \$95 (30 minutes)
- Couples session: \$175 (60 minutes – two people)

Kent typically has appointments with Reiki Family clients for a range of **3 - 14 sessions**, with a total cost of **\$210.00 – \$2,450.00** within a given year. **This is your estimated cost range.**

- Your needs and requests for consultation, support and services will determine where you fall in this estimated range. Total cost depends on the number and type of sessions you request.
- Unexpected circumstances can lead clients to request additional sessions beyond this range. If this happens, an updated Good Faith Estimate will be provided.

Examples:

- If you schedule 5 individual sessions of 30 minutes within the next year, your cost will be (5 x \$70) \$350
- If you schedule 10 family sessions of 30 minutes within the next year, your cost will be (10 x \$95) \$950
- If you schedule 4 couples sessions of 60 minutes within the next year, your cost will be (4 x \$175) \$700