



You have the right to receive a “Good Faith Estimate” explaining how much your health care will cost.

Under the law, health care providers need to give clients who do not have certain types of health care coverage or who are not using certain types of health care coverage an estimate of their bill for health care items and services before those items or services are provided.

- You have the right to receive a Good Faith Estimate for the total expected cost of any health care items or services upon request or when scheduling such items or services. This includes related costs like medical tests, prescription drugs, equipment, and hospital fees.
- If you schedule a health care item or service at least 3 business days in advance, make sure your health care provider or facility gives you a Good Faith Estimate in writing within 1 business day after scheduling. If you schedule a health care item or service at least 10 business days in advance, make sure your health care provider or facility gives you a Good Faith Estimate before you schedule an item or service. You can also ask any health care provider or facility for a Good Faith Estimate before you schedule an item or service. If you do, make sure the health care provider or facility gives you a Good Faith Estimate in writing within 3 business days after you ask.
- If you receive a bill that is at least \$400 more for any provider or facility than your Good Faith Estimate from that provider or facility, you can dispute the bill.
- Make sure to save a copy or picture of your Good Faith Estimate and the bill.

For questions or more information about your right to a Good Faith Estimate, visit www.cms.gov/nosurprises/consumers, email FederalPPDRQuestions@cms.hhs.gov, or call 1-800-985-3059.



GOOD FAITH ESTIMATE OF SERVICES

Effective 7/1/23

If you are uninsured below is an estimate of fees for services that you may be expected to pay. Radiant Health helps clients obtain coverage through Indiana Medicaid, Indiana HIP or the Marketplace.

Radiant Health has a financial assistance program for clients that qualify. Please see a customer relations professional in the front office for details.

| OUTPATIENT SERVICES | FEE |
|---|-------------------|
| Assessment with Doctor/Nurse Practitioner | \$198.00 |
| Intake with Therapist | \$223.00 |
| Individual Therapy 30-60 min. (3 Levels) | \$126.00-235.00 |
| Family Therapy | \$250.00 |
| Medication Management Level (4 Levels) | \$130.00-\$305.00 |
| Group Therapy | \$147.00 |

| INPATIENT/OBSERVATION SERVICES | FEE |
|--|-------------------|
| Hospital Room and Board - per diem | \$1,200.00 |
| Hospital provider fee low/mod complexity | \$171.00-\$230.00 |
| Hospital provider fee high complexity | \$231.00-\$305.00 |
| Hospital subsequent day low complexity | \$88.00 |
| Hospital provider fee discharge | \$88.00-\$150.00 |
| Hospital therapy consult | \$180.00 |

Cost of other appointment types are available upon request