



BELLA VALORE

WELLNESS

Good Faith Estimate for Mental Health Services *Bella Valore Wellness*

Provider Name: Bella Valore Wellness

Service Location: 848 W Eastman St, Chicago, IL 60642 or Telehealth

Overview

Under the No Surprises Act, you have the right to receive a **Good Faith Estimate** of the expected charges for mental health services. This estimate outlines potential costs if you are **uninsured** or choose not to use insurance benefits.

Estimated Charges

If your insurance does not cover services provided by Bella Valore Wellness, or if you opt out of using insurance, you may be responsible for the full session fee.

- **Service:** Individual, Couples, or Family Psychotherapy
- **Estimated Cost per Session:** Up to \$200
- **Frequency of Sessions:** 1x/week
- **Estimated Duration of Treatment:** N/A
- **Total Estimated Cost:** Dependent on number of sessions (Ex. 1x/week for 12 weeks = \$2,400)

Note: This is only an estimate. Actual charges may vary based on your treatment plan and session frequency.

Your Rights

You have the right to dispute a bill that is at least \$400 more than this estimate. For questions or concerns, please contact us directly at:

Client Financial Responsibility Statement

By signing this Good Faith Estimate, you acknowledge and agree that you, as the client, are financially responsible for any portion of service fees not covered by your insurance provider. This includes, but is not limited to, co-pays, deductibles, denied claims, or any uncovered services. You understand that session fees may be up to **\$200 per session**, and you agree to pay any outstanding balance directly to Bella Valore Wellness.

Bella Valore Wellness Email: info@bevalore.com Phone: 505-315-8953