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Good Faith Estimate

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Practice NPI: 1275951089

Diagnosis provided after intake.

1 year estimate of fees for 26 45-minute sessions (2XS monthly): \$3300

\$150 for Intake x 1	= \$150
\$125 X 25	= \$3,100

1 year estimate for 26 60-minute sessions (2XS monthly): \$3900

\$150 X 26	= \$3,900
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This Good Faith Estimate shows the costs of items and services that are reasonably expected for your health care for a year (if needed) of services at 2XS monthly. If weekly services are needed or desired, the estimated cost will be double what is listed above for one year of services. The Good Faith Estimate does not include any unknown or unexpected costs that may arise during treatment, such as crisis sessions or consultations. You could be charged more if any special circumstances occur.

If you are billed for more than this Good Faith Estimate, you have the right to dispute the bill. You may contact me to let me know the billed charges are higher than the Good Faith Estimate. You can ask me 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 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.

To learn more and get a form to start the process, go to www.cms.gov/no-surprises. For questions or more information about your right to a Good Faith Estimate or the dispute process, visit www.cms.gov/nosurprises. 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 a higher amount.