Optimizing Developmental Outcomes
While Embracing Neurodiversity
SAMANTHA COHEN MD, INC.

Good Faith Estimate Notice

In accordance with the No Surprises Act, we provide a Good Faith Estimate (GFE) to our patients for the cost of care. This estimate reflects the total expected cost for non-emergency services provided in our office, including any potential additional charges.

1. **Understanding Your GFE**: The GFE includes the anticipated cost of services, including an initial Developmental-Behavioral Evaluation, and Follow-up visits, is based on this practice's standard fee-for-service hourly rate of $600/hour (patient care services are billed in 6-minute increments at a rate of $60 per 0.1 hours). The cost for group therapy sessions varies based on the type of group and group size. The GFE is not a contract or guarantee of the final total cost. The actual cost may vary based on the specific services rendered and the individual health needs of the patient.

2. **Self-Pay Patients**: You are responsible for the total cost of services as outlined in the GFE.

3. **Insurance Coverage**: This practice does not accept insurance. However, we can provide a superbill for you to submit to your insurance for partial reimbursement (the reimbursement amount is determined by your insurance company).

4. **Billing**: Your debit or credit card on file will be billed automatically at the time services are rendered. If you do not have a card on file or if the charge does not go through, you will have an opportunity to add/change the card on file or you will receive an invoice at the time services are rendered. If the actual cost is higher than the GFE, we will provide an explanation of the difference.

5. **Dispute Resolution**: If you believe you were billed incorrectly or have a dispute regarding the cost of care, please contact our office immediately. We are committed to resolving any financial concerns promptly and fairly.

I acknowledge that I have read and understand the Good Faith Estimate Notice.

Patient Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Samantha Cohen, MD
Developmental Behavioral Pediatrician
3405 Kenyon St., Suite #210, San Diego, CA 92110
Samantha.Cohen@scdbp.com | Phone: 619-320-8696 | Fax: 833-449-4157