



# Big Picture Psychological Services

DR. PAIGE HOVER

## NO SURPRISES ACT

### Notice Form

Most of this information listed below was reviewed with you prior to starting your treatment. Please review this information and contact Dr. Hover at any time with questions. You will receive this notice electronically but please feel free to print this for your own records should you choose to do so.

You are getting this notice because this provider at Big Picture Psychological Services is not in your health plan's network and is considered out-of-network (OON). This means the provider doesn't have an agreement with your plan to provide services. *Getting care from this provider will likely cost you more than if you worked with an in-network (INN) provider.*

If your plan covers the service you are receiving, federal law protects you from higher bills when:

- You're getting emergency care from an OON provider, or
- An OON provider is treating you at an INN hospital or ambulatory surgical center without getting your consent to receive a higher bill

**As an outpatient mental health practice, Big Picture Psychological Services does not qualify as either of the above.**

By signing this form below, be aware that you may pay more than you would with an INN provider because:

- You may owe the full costs billed for the services you receive
- Your health plan might not count any of the amount you pay towards your deductible and out-of-pocket limit. Contact your health plan for more information
- You are giving up your legal protections from higher bills

Before deciding whether to sign this form below, you can contact your health plan to find an INN provider or facility. If there isn't one, you can also ask your health plan if they can work out an agreement with this provider (or another one) to lower your costs.

Before signing this agreement, please review the individualized **Good Faith Estimate** (GFE) of cost of services for the following calendar year.

\*If you are a new patient, the GFE will be provided along with other intake documents to be completed prior to your first appointment. In the meantime, please review the Rates and Insurance tab at [www.bigpicture.com](http://www.bigpicture.com) for an estimate of costs.

Action Steps You May Want to Take Before Signing This Form

- Review the information provided in the Good Faith Estimate so you have a complete understanding of estimated cost of services. Ask questions directly to your provider.
- Call your health plan so you have all the information necessary to determine if they will cover any cost of services provided. You can also ask about other provider options.
- Contact your provider or Dr. Paige Hover (drhover@bigpicturepsych.com) regarding questions about your Good Faith Estimate or this notice.
- For further questions about your rights, contact the federal number for information and complaints: 1-800-985-3059

Except in an emergency, your health plan may require prior authorization (or other limitations) for certain items and services. This means you may need your plan's approval that it will cover the items or services before you can get them. If your plan requires prior authorization, ask them what information they need for you to get coverage.

For more information about your rights and protections, visit [www.cms.gov/nosurprises/consumers](http://www.cms.gov/nosurprises/consumers) for more information about your rights under federal law.