

Carl Mojta, LMFT, LLC

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January 10, 2022

Dear Client(s),

In compliance with the **No Surprises Act** that goes into effect January 1, 2022, all healthcare providers are required to notify clients of their Federal rights and protections against “surprise billing.”

This Act requires that I notify you of your federally protected rights to receive a notification when services are rendered by an out-of-network provider, if a client is uninsured, or if a client elects not to use their insurance.

Additionally, I am required to provide you with a Good Faith Estimate of the cost of services. It is difficult to determine the true length of treatment for mental health care, and each client has a right to decide how long they would like to participate in mental health care. Therefore, you will find my fee schedule for the services on my website, and I will collaborate with you on a regular basis to determine how many sessions you may need.

It is a Federal requirement that we have each client sign this form to begin/resume treatment. Please sign this form and return to me with your other forms under the Heading “Getting Started” and Subheading “Client Forms” before your first session. If you have any questions, please don’t hesitate to call me at (202) 280-2710.

Thank you very much,

Carl Mojta, LMFT

Client Name/Signature/Date

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