Good Faith Estimate Cheat Sheet

Reviewed by the BastionGPT Clinical Advisory Board · July 2026

A good faith estimate (GFE) is the written notice of expected charges that US federal law (the No Surprises Act, 45 CFR 149.610) requires for uninsured and self-pay clients since January 1, 2022. Eleven required elements (no signature among them), a 12-month recurring cap, a $400 dispute threshold. Superbill clients count as self-pay; federal-program enrollees are excluded.

Client details and estimate date identity plus proof of delivery

Do: record name and date of birth, the issue date, and the delivery method the client chose; written and savable is the standard.
Pitfall: adding a signature line as if required; nothing in the rule asks for one. Log delivery date and method instead.

Primary service, in plain language words a non-clinician understands

Do: describe what the client is scheduling in clear language, with the scheduled date if one exists.
Pitfall: a bare 90837 with no words fails the clear-language requirement; the code alone is not a description.

Itemized services, codes, and charges the dollars, per item

Do: list each expected service with service code, applicable diagnosis code, and expected charge; total the period.
Pitfall: rack rates when a discount is agreed; list the discounted rate where known, else the undiscounted price.

Provider identifiers NPI, TIN, and state

Do: give the name, NPI, and TIN of each provider, plus the location and state(s) where care is delivered, telehealth included.
Pitfall: omitting NPI or TIN, a documented failure mode; there is no telehealth exemption to lean on.

Recurring-care scope statement the 12-month ceiling

Do: for ongoing therapy, state expected frequency, expected number of sessions, and per-session charge, capped at 12 months.
Pitfall: "weekly, ongoing" is not compliant; state the scope, diarize the expiry, re-issue to continue.

The five required disclaimers printed text, not blanks

Do: print the estimate-only, separate-scheduling, additional-services, dispute-rights, and not-a-contract disclaimers in full.
Pitfall: element (vii) of the rule's list is Reserved: eleven elements, not twelve. Skipped disclaimers are a documented failure mode.

Delivery and the paper trail the 3-business-day clock

Do: log who issued it, when, and how; keep every estimate retrievable for 6 years on request.
Pitfall: any cost discussion is legally a request; the front-desk price question starts the clock, and the answer must arrive in writing.

Before it goes out

- [ ] All eleven elements present, five disclaimers printed
- [ ] Scope stated: frequency, session count, per-session charge
- [ ] Period capped at 12 months, expiry diarized
- [ ] Charges reflect any known discount, not rack rates
- [ ] NPI, TIN, and state(s) of care listed
- [ ] Delivery date and method logged, copy in record

Drafting with AI

Bring your fee schedule, the expected frequency and duration, and the codes you bill; the structure and disclaimers are fixed by regulation.

> *"Draft a good faith estimate: weekly 55-minute sessions, code 90837, F41.1, $180 per session from August, 12 months from 07/13/2026, portal delivery: …"*

Never paste patient-identifying information into consumer AI tools. BastionGPT is HIPAA-compliant with a signed BAA on every plan.

400 to 700 words	10 to 20 min by hand	On scheduling or request	Clients · dispute reviewers
one to two pages, standardized	clinical team estimate	re-issue on change or 12 months	who reads it

Full guide, sample estimate, and compliance notes:
bastiongpt.com/template/good-faith-estimate

Good Faith Estimate Template

Copy or print for your practice · Adapt fields to your organization's, payer's and jurisdiction's documentation requirements.

Client name: DOB: Date issued:

Delivered by (paper / email / portal): Trigger (scheduling / client request):

Provider

Name and credentials · NPI · TIN · practice, location, and state(s) of care

Primary service (plain language)

What the client is scheduling, in words a non-clinician understands · first or scheduled date · setting

Expected services and charges

Period start to end (12 months maximum) · each service with code, diagnosis code, and expected charge · frequency · expected visits · total

Services needing separate scheduling

List here; each will be scheduled separately and estimated separately

Required disclaimers (keep with every estimate)

This is only an estimate; actual items, services, and charges may differ. Additional recommended services may need separate scheduling and are not reflected here. If you are billed $400 or more above this estimate, you may start the patient-provider dispute resolution process within 120 calendar days; using it will not affect the quality of your care. This estimate is not a contract and does not require you to obtain services from the providers listed. No signature is required; keep proof of delivery instead.

Issued by (name / credentials): Date:

Delivery logged (date / method):