

Cal J. Domingue, LMFT

Licensed Marriage & Family Therapist

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ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF GOOD FAITH ESTIMATE

By signing this form, you acknowledge receipt of the *Notice of Good Faith Estimate* that I have given to you. My *Notice of Good Faith Estimate* provides information about your legal right to a 'Good Faith Estimate' of what my psychotherapy services will cost for the current year. I encourage you to read it in full. My *Notice of Good Faith Estimate* is subject to change. If I change the notice, you may obtain a copy of the revised notice from me by contacting me at 415 377-0544 or at cal@calththerapy.org . If you have any questions about my *Notice of Good Faith Estimate*, please contact me at: 3896 24th St., San Francisco, CA, 94114; at cal@calththerapy.org; or at 415 377-0544.

I acknowledge receipt of the *Notice of Good Faith Estimate* of Cal J. Domingue, MFT.

Signature: _____

Name (please print): _____
(patient/parent/conservator/guardian)

Date: _____

INABILITY TO OBTAIN ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF GOOD FAITH ESTIMATE

I made good faith attempts to obtain my patients acknowledgement of his or her receipt of my Notice of Good Faith Estimate, including _____.
However, because of

I was unable to obtain my patient's acknowledgement.

Signature of Provider: _____

Date: _____