Good Faith Estimate Notice

RADIANT MINDS PSYCHIATRY, LLC | EFFECTIVE SEPTEMBER 3, 2026

You have the right to receive a Good Faith Estimate explaining how much your medical care will cost.

Under the federal No Surprises Act, health care providers must give patients who do not have certain health coverage, or who do not plan to use that coverage for an item or service, an estimate of the expected charges for scheduled non-emergency care when the law applies.

Who may receive an estimate

You may qualify as uninsured or self-pay if you do not have health insurance or a federal health care program benefit for the service, or if you have coverage but do not want a claim submitted for the service. Tell us when scheduling if you are uninsured or intend to self-pay.

When the estimate will be provided

Scheduling or request	Delivery deadline
Service scheduled 3 to 9 business days in advance	No later than 1 business day after scheduling
Service scheduled at least 10 business days in advance	No later than 3 business days after scheduling
Estimate requested before scheduling	No later than 3 business days after the request

The estimate will be provided in writing on paper or electronically and will become part of the patient's record. An oral discussion does not replace the written estimate. Federal timing rules generally do not require an estimate when care is scheduled fewer than 3 business days in advance, but you may still ask us about expected charges.

What the estimate means

- The estimate will identify the expected items or services and charges reasonably known when it is prepared.
- The estimate is based on information available at the time and is not a contract or guarantee.
- Diagnosis, treatment needs, duration or frequency of care, tests, medications, outside clinicians, pharmacies, laboratories, or other circumstances may change the actual cost.
- A Practice estimate does not necessarily include charges from unrelated outside providers or facilities unless the law requires coordination and the charges are reasonably expected.
- You are not required to obtain services from a provider or facility listed in an estimate.

If the bill is at least $400 more than the estimate

If the billed charge from a provider or facility is at least $400 more than that provider's or facility's amount on your Good Faith Estimate, you may be eligible to start the federal patient-provider dispute-resolution process. The request generally must be started within 120 calendar days of the date on the original bill. A fee may apply. Keep the estimate and bill, and review current instructions at https://www.cms.gov/nosurprises because thresholds, fees, and procedures may change.

How to request an estimate

Call Radiant Minds Psychiatry, LLC at 725-577-5055 or mail a request to the address below. State that you are requesting a Good Faith Estimate, identify the service you are considering, and provide a safe way to send the written estimate. Do not include sensitive clinical information in unsecured email or a public website form.

This webpage notice is not your individualized estimate

An individualized Good Faith Estimate must be prepared for the particular patient, services, expected frequency, and period of care. Current website fee examples, if any, do not replace that written estimate.

Estimate contact	Radiant Minds Psychiatry, LLC
Responsible contact	Privacy Official / Civil Rights and Accessibility Contact
Address and phone	2905 Lake East Drive, Suite 110, Las Vegas, Nevada 89117 | 725-577-5055