

## **Notice of “Good Faith Estimate”**

Under the No Surprises Act, you have the right to receive a “Good Faith Estimate” explaining how much your medical care will cost.

Under the law, health care providers and health care facilities are required to give patients who don’t have insurance or who are not using insurance an estimate of the bill for medical items and services.

- You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services. This includes related costs like medical tests, prescription drugs, equipment, and hospital fees.
- As your health care provider, we will provide you with a Good Faith Estimate in writing at least 1 business day before your medical service. You can also ask our team for a Good Faith Estimate before you schedule the service.
- If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill.
- Make sure to save a copy or picture of your Good Faith Estimate.

For questions or more information about your right to a Good Faith Estimate, visit [www.cms.gov/nosurprises](https://www.cms.gov/nosurprises) or Call the No Surprises Help Desk at 1-800-985-3059.