



## **What is Good Faith Estimate?**

The No Surprises Act was passed in 2020 to protect consumers from surprise medical bills that arise most often when the patient could not choose their provider, such as in an emergency. Good Faith Estimate is a provision within the regulations that applies to all licensed health care providers regardless of setting or situation. This requires providers to offer a good faith estimate of the cost of services to uninsured or self-pay patients or those who pay in cash.

## **Disclaimers:**

This Good Faith Estimate shows the costs of items and services that are reasonably expected for your health care needs for an item or service. This is not a contract and does not require you to obtain the listed items and services. The Good Faith Estimate does not include any unknown or unexpected costs that may arise during treatment. We may recommend additional items and services as part of course care, although they must be scheduled separately and will not be reflected in this Good Faith Estimate. Additional Good Faith Estimates will be issued to you upon scheduling or upon request.

This estimate is based on information known at the time this Good Faith estimate was created. You could be charged for more if complications or special circumstances occur. If this happens, federal law allows you to dispute (appeal) the bill. Please find information regarding the process of an appeal below.

## **Patient Provider Dispute Resolution Process:**

If the actual billed charges are more than \$400 higher than the Good Faith Estimate, you may initiate the patient-provider dispute resolution process. You may initiate this process by submitting a notification to the U.S. Department of Health and Human Services (HHS) within 120 calendar days of receiving the initial bill containing excessive charges.

There is a \$25 fee to use the dispute process. If the agency reviewing your dispute agrees with you, you will have to pay the price on this Good Faith Estimate. If the agency disagrees with you and agrees with the health care provider of the facility, you will have to pay the higher amount.

If you would like to learn more and get a form to start the process, go to [www.cms.gov/nosurprises/consumers](http://www.cms.gov/nosurprises/consumers) or call 1-800-985-3059. For more information regarding the requirements for the Patient-Provider Dispute Resolution Process, visit [www.ecfr.gov/current/title-45/subtitle-A/subchapter-B/part-149](http://www.ecfr.gov/current/title-45/subtitle-A/subchapter-B/part-149)