



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

Under the law, health care providers need 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.
- Make sure your health care provider gives you a Good Faith Estimate in writing at least 1 business day before your medical service or item. You can also ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule an item or 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 or call 1-800-985-3059.

“Right to Receive a Good Faith Estimate of Expected Charges” Under the No Surprises Act

Under Section 2799B-6 of the Public Health Service Act and its implementing regulations, health care providers, health care facilities, and providers of air ambulance services are required to provide a good faith estimate of expected charges for items and services to individuals who are not enrolled in a group health plan or group or individual health insurance coverage, or a Federal health care program, or a Federal Employees Health Benefits (FEHB) program health benefits plan (uninsured individuals) or not seeking to file a claim with their group health plan, health insurance coverage, or FEHB health benefits plan (self-pay individuals) in writing (and may also provide it orally), if an uninsured (or self-pay) individual requests a good faith estimate in a method other than paper or electronically), upon request **or** at the time of scheduling health care items and services. For ease of reference, for purposes of this document, the term “provider” should be considered to include providers of air ambulance services.

Selected Dispute Resolution Determination Notice to Parties Provided Under the No Surprises Act

Under Section 2799B-7 of the Public Health Service Act, the Department of Health & Human Services (HHS) is required to establish a patient-provider dispute resolution process for a Selected Dispute Resolution (SDR) entity to resolve payment disputes between individuals who are not enrolled in a plan or coverage or a Federal health care program, or who are not seeking to file a claim with their plan or coverage, and health care provider or health care facility when the uninsured individual is billed for items and services substantially in excess of the “Good Faith Estimate” and the uninsured (or self-pay) individual initiates the patient-provider dispute resolution process within 120 calendar days of the provision of such items and services.