

NO SURPRISE ACT NOTICE

YOUR RIGHT TO A GOOD FAITH ESTIMATE

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

Under the law, health care providers need to give **patients who do not have insurance or who are not using insurance** a cost 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, 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 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.