

No Surprises Act

You possess the right to receive a 'Good Faith Estimate' detailing the expected expenses associated with your health care. Legally, health care providers must provide patients, who do not have types of health care coverage or are not availing themselves of certain health care coverage, with an estimate of their bills for known or anticipated services before those services are rendered.

When you receive a bill that surpasses your Good Faith Estimate by at least \$400 from any provider or facility, you may dispute the charge.

If you arrange a health care item or service at least 3 business days prior, it is important to ensure that your health care provider or facility provides you with a written Good Faith Estimate within 1 business day after the scheduling. If you schedule a health care item or service with at least 10 business days' notice, make certain that your health care provider or facility will give you a written Good Faith Estimate in less than 4 days after your make the appointment.

For questions or more information about your right to a Good Faith Estimate, visit www.cms.gov/nosurprises/consumers, email FederalPPDRQuestions@cms.hhs.gov, or call 1-800-985-3059.