

*Right to Receive a Good Faith Estimate of Expected Charges*

You have the right to receive a *Good Faith Estimate* showing the costs of services that are reasonably expected for your health care needs. Under the law, health care providers need to give clients who don't have insurance or who are not using insurance an estimate of the bill for health care services.

- You have the right to receive a *Good Faith Estimate* for the total expected cost of any non-emergency services.
- You should receive a *Good Faith Estimate* in writing at least one business day before your health care service is scheduled to be provided. You can also ask me, and any other provider you choose, for a *Good Faith Estimate* before you schedule a 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* or the dispute process, visit [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) or call the *U.S. Department of Health and Human Services* at 877-696-6775.