



Good Faith Estimate Disclosure Uninsured & Self-Pay Patients

You have the right to receive a “Good Faith Estimate” explaining how much your health care will cost. Under the law, health care providers need to **give patients who don’t have insurance coverage or who are not using their insurance** an estimate of their bill for health care items and services before those items or services are provided.

- You have the right to receive a Good Faith Estimate for the total expected cost of any health care items or services upon request or when scheduling such items or services. This includes related costs like medical tests, prescription drugs, equipment, and hospital fees.
- You have the right to receive a written estimate of your medical bill (Good Faith Estimate) when your appointment is scheduled 3 or more days in advance and you will not be using your health insurance, or you are uninsured.
- You may request a Good Faith Estimate if one is not automatically provided.
- Make sure you make a copy or take a picture of your Good Faith Estimate.
- If you receive a bill from us that is at least \$400 more than your Good Faith estimate, you can dispute the bill. This must be done within 120 calendar days of receiving the bill (about 4 months).

For questions or more information about your right to a Good Faith Estimate, visit <https://www.cms.gov/nosurprises> or call the Business Office at 507-794-3571.