



## NO SURPRISES ACT NOTICE:

### YOUR RIGHT TO A “GOOD FAITH ESTIMATE”

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

Under the law, health care organizations 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 organization 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 organization, and any other organization 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](http://www.cms.gov/nosurprises) or call 1-800-985-3059.