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Good Faith Estimate

(No Surprises Act – Federal Compliance)

In accordance with the No Surprises Act, uninsured or self-pay clients have the right to receive a Good Faith Estimate (GFE) of expected charges for services. The Good Faith Estimate is not a contract and does not require you to obtain services.

Good Faith Estimate (GFE) Definition

The Good Faith Estimate shows the costs of items and services that are reasonably expected for your health care needs for an item or service. The estimate is based on information known at the time the estimate was created and does not include any unknown or unexpected costs that may arise during treatment.

A Good Faith Estimate:

Provides a written estimate of expected costs for services
Is provided prior to the start of services or upon request
Reflects reasonably expected charges based on anticipated treatment needs
Does not include services that cannot be reasonably predicted at the time of the estimate

Additional GFE Rights and Information

Throughout your treatment, the provider may recommend additional items or services that are not included in this estimate. These will require separate scheduling and consent and will be billed in addition to the Good Faith Estimate.

If your needs change during treatment, an updated Good Faith Estimate will be provided reflecting changes in services and costs.

If billed charges are higher than the Good Faith Estimate, you may:

Request an updated bill that matches the estimate, Negotiate the bill, Ask about financial assistance options

Dispute Resolution Rights

If your bill is at least $400 more than your Good Faith Estimate, you may initiate a dispute through the U.S. Department of Health and Human Services (HHS).

Dispute must be filed within 120 calendar days of the original bill $25 fee applies

If the dispute is successful, you pay the estimated amount If not, you pay the higher billed amount

More information: www.cms.gov/nosurprises | Phone: (800) 985-3059