



You Have The Right To Receive A “Good Faith Estimate” Explaining How Much Your Medical Care Will Cost

Under the law, health care providers 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 provider 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 provider, and any other provider 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 or call [1-800-985-3059](tel:1-800-985-3059).



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Good Faith Estimate for Health Care Items and Services

Patient

Patient First Middle Last Name: _____

Patient Date of Birth: ____/____/____ Patient Identification Number:

Patient Mailing Address: _____

City State ZIP Code: _____

Phone: _____ Email Address: _____

Patient's Contact Preference: [] By mail [] By email [] By phone

Patient Diagnosis

Primary Service or Item Requested/Scheduled: _____

Patient Primary Diagnosis Primary Diagnosis Code: _____

Patient Secondary Diagnosis Secondary Diagnosis Code: _____

If scheduled, list the date(s) the Primary Service or Item will be provided: _____

[] Check this box if this service or item is not yet scheduled

Date of Good Faith Estimate: ____/____/____

Summary of Expected Charges

Service _____ Estimated Total Cost _____

Service _____ Estimated Total Cost _____

Service _____ Estimated Total Cost _____

Service _____ Estimated Total Cost _____

Total Estimated Cost: \$ _____