

This 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. The Good Faith Estimate costs are estimates and not the final overall total charges.

The Good Faith Estimate is not a contract and does not require you (self pay individual) to obtain the items and services from any of the providers or facilities identified on the Good Faith Estimates.

Additional items and/or services that are not in the Good Faith Estimate may be recommended by the convening provider as part of the course of care, that must be scheduled separately and are not reflected in the good faith estimate (such as rehabilitation therapies or other post treatment items or services) and information regarding how you (self pay individual) can obtain a good faith estimate for such items or services.

The Good Faith Estimate does not include and unknown or unexpected costs that may arise during treatment. You could be charged more if complications or special circumstances occur. If this happens, federal law allows you to dispute (appeal) the bill.

If you are billed for more than this Good Faith Estimate, you have the right to dispute the bill.

You may contact the health care provider or facility listed and let them know the billed charges are higher than the Good Faith Estimate. You can ask them to update the bill to match the Good Faith Estimate, ask to negotiate the bill, or ask if there is financial assistance available.

You may also start a dispute resolution process with the U.S. Department of Health and Human Services (HHS). If you choose to use the dispute resolution process, you must start the dispute process within 120 calendar days (about 4 months) of the date of the original bill. The patient-provider dispute resolution process may be started if the actual billed charges are \$400 more than the expected charges included in the good faith estimate.

There is a \$25 fee to use the dispute process. If the agency reviewing your dispute agrees with you, you will have to pay the price on this Good Faith Estimate. If the agency disagrees with you and agrees with the health care provider or facility, you will have to pay the higher amount.

To learn more and get a form to start the process, go to [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) or call the Department of Health and Human Services (HHS) at 1-877-696-6775.

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 HHS at 1-877-696-6775

\*\* Keep a copy of your Good Faith Estimate in a safe place or take a picture of it. You may need it if you are billed a higher amount.