

Instructions for Correct Use:

Good Faith Estimate Template

Why Are You Receiving This Good Faith Estimate?

This **Good Faith Estimate** complies with the **Department of Health and Human Services (HHS) No Surprises Act**.

This is not a contract. It does not obligate you to accept the services listed. The purpose of the Good Faith Estimate you are receiving is to provide you with an approximate cost of services you will receive from our practice that will not be paid by health insurance. Reasonably expected costs have been included in your estimate and are based on information known to our practice when it was prepared.

Any unknown or unexpected costs that may arise during treatment due to complications or unusual circumstances have NOT been included in this estimate. If they occur, and you are billed at least \$400 above the amount indicated on this Good Faith Estimate (per provider), federal law allows you to dispute (appeal) your invoice for services in the following two ways:

- 1. Contact Us:** You may direct any questions or concerns you have regarding this estimate or any invoice to our practice. Please find our contact information below. Federal law permits you to ask that we update your invoice to match the Good Faith Estimate you received. You can also ask to negotiate the invoice amount or inquire about the availability of financial assistance.
- 2. File a Formal Dispute Resolution:** You may also file a formal dispute online with the **Centers for Medicare & Medicaid Services (CMS)** (www.cms.gov/nosurprises) or by calling 1-800-985-3059.

If you choose to file a formal dispute resolution, you must **start the process within 120 calendar days** of the date on the original invoice you receive. There is a **\$25 fee** to use the dispute process. If your dispute **is approved**, you may be eligible to pay the lower amount on the Good Faith Estimate you received. If it is **not approved**, you will be obligated to pay the higher invoiced amount.

IMPORTANT: It is recommended that you keep a hard or electronic version of this Good Faith Estimate in a safe place. You may need it should you choose to file a formal dispute.

Thank you for trusting us with your medical care. Please find your Good Faith Estimate on the back of this page. If you have any questions about this Good Faith Estimate or future invoices, **please do not hesitate to contact us.**