

NO SURPRISE ACT GOOD FAITH ESTIMATE

Notice of Good Faith Estimate

Under the No Surprises Act, you have the right to receive a “Good Faith Estimate” explaining how much your medical care will cost you. By law, health care providers and health care facilities are required to give patients who do not have insurance or 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-emergent items or services. This includes related costs such as medical tests and services, medications, and equipment.
- We will provide you with a Good Faith Estimate in writing as your health care provider. You can ask our staff for a Good Faith Estimate before scheduling a service.
- If you receive a bill at least \$400 more than your Good Faith Estimate, you can dispute the bill.
- Make sure you save a copy of your Good Faith Estimate.

For questions or more information about your rights of a Good Faith Estimate or understanding your rights against surprise medical bills, please visit www.cms.gov/nosurprises or call the Help Desk at 1-800-985-3059.

Also visit <https://www.tdi.texas.gov/medical-billing/surprise-balance-billing.html> for more information about your rights under the Texas law.