

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 clients who do not have insurance or who are not using their insurance plan to cover their services an estimate of the bill of items/services they receive.

You have the right to receive a **Good Faith Estimate** for the total expected cost of any non-emergency services. This includes any related costs including tests, medications, and related fees.

You have the right to receive a **Good Faith Estimate** in writing or electronic form at least 1 day before your service/item. You can ask your provider for a **Good Faith Estimate** before your scheduled service/item.

If you receive a bill that is at least \$400 more than your **Good Faith Estimate**, you can dispute the bill.

Make sure you save a copy or picture of your **Good Faith Estimate**

For questions or more detailed information about your right to a **Good Faith Estimate**, visit [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) or ask your provider.