

NO SURPRISES ACT DISCLAIMER:

This Good Faith Estimate shows the costs of items and services that are reasonably expected for your health care needs based on your upcoming visit that you are requesting. The estimate is based on information known at the time the estimate was created.

The Good Faith Estimate does not include any unknown or unexpected costs that may arise during treatment and this estimate only covers the date of service for visit. 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 this bill.

You may contact the health care provider or the facility listed to let them know that the billed charges are higher than the Good Faith Estimate. You can ask them to update the bill to match the Good Faith Estimate or ask to negotiate the difference in the bill.

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 on the original bill or date of service (whichever is later).

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 healthcare 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 or call the number for HHS (877-267-2323).

For Questions or more information about your right to a Good Faith Estimate or the dispute process, visit www.cms.gov/nosurprises or call (877-267-2323).