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GOOD FAITH ESTIMATE NOTICE

You have the right to receive a “Good Faith Estimate” explaining how much your healthcare will cost. Healthcare providers are required to provide patients who do not have insurance or who are not using insurance with an estimate of the bill for services. This is called a Good Faith Estimate.

- The Good Faith Estimate shows the costs of items or services that are reasonably expected for your healthcare needs for an item or service. The estimate is based on information known at the time the estimate is created.
- You have the right to receive a Good Faith Estimate for the expected cost of healthcare services. The Good Faith Estimate shows the expected cost of any non-emergency services. The Good Faith Estimate does not include any unknown or unexpected costs that may arise during treatment.
- You may request a Good Faith Estimate in advance of an already scheduled healthcare service or before scheduling a service.
- If you receive a bill that is at least \$400.00 more than your Good Faith Estimate, you can dispute the bill.
- Make sure to save a copy or take a picture of your Good Faith Estimate.

For questions or more information about your right to a Good Faith Estimate or the dispute process, visit the U.S. Department of Health and Human Services (HHS) website at www.cms.gov/nosurprises or call 800-985-3059.