

# NO SURPRISE ACT NOTICE

## YOUR RIGHT TO A “GOOD FAITH ESTIMATE”

**You have the right to receive a ‘Good Faith Estimate’ explaining how much your medical care may cost.**

Under the law, health care providers need to give **patients who do not have insurance, or who are not using insurance**, a cost 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-emergency items or services.
- Your health care provider must give you a ‘Good Faith Estimate’ in writing for scheduled services within designated timeframes. You can also ask your health care provider for a ‘Good Faith Estimate’ before you schedule an item or service
- Make sure to save a copy or picture of your Good Faith Estimate.
- For questions or more information about your right to a Good Faith Estimate, visit [www.cms.gov/nosurprises](https://www.cms.gov/nosurprises) or 713-442-5500